CATERHAM AND WARLINGHAM
URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF

The Medical Officer of Health

AND

Chief Public Health Inspector

for the year

1957

C O N T E N T S

To the Chairman and Members of the Caterham & Warlingham Urban District Council

Madam Chairman, Ladies and Gentlemen,

It is with pleasure that I present my Annual Report for 1957, this being my eighth Report as your Medical Officer of Health.

It will be noted that, as foreshadowed in the two previous Reports, an attempt has now been made to write a simpler and more comprehensive assessment of the health of the District, and to include therein more positive recommendations on the personal measures which can be taken to prevent ill-health. The descriptions of the available services have also been re-stated, and it is hoped that the results will be more acceptable and of use, particularly to the younger residents who are interested in 'Civics'.

It is customary in these introductions to give a very brief summary of the health statistics for the year under review for the benefit of the majority who do not find time to read any further. Those who can read more of the Report will find how inevitably inadequate are such assessments but, judged solely by the generally accepted standards, it is pleasing to be able to report at this stage that the health of this District was well maintained in 1957.

The Birth Rate increased and the Stillbirth Rate remained fairly low. The Death Rate in respect of the normal residents was about the recent average although that for cancer increased rather sharply. The Tuberculosis Death Rate, however, was again very low and deaths from road accidents decreased.

The exceptionally low Infant Mortality Rate was the most remarkable fact and as commendable as the succession of years without a maternal death, which series was unfortunately marred this year by one death.

None of the acute infectious diseases produced any very serious results. Measles was the most prevalent but was again of a mild type as was scarlet fever, while there were very few cases of poliomyelitis. On the whole the acceptance rates for the older immunisation schemes were maintained and considerable progress was made in providing preventive treatment against poliomyelitis.

The Health Inspectors rendered a further year's solid, if not very spectacular work and the first signs of achievement in the most recent slum clearance scheme were very welcome.

There are a number of opportunities for further advances as indicated in the text of the Report, and it is therefore with some regret that I have to make this my final Report. I am particularly sorry after serving the neighbourhood more than 26 years that I did not, through coincidence, become associated with Caterham and Warlingham at an earlier stage. I hope, however, that such service as has been practicable will bear further fruit in the future. I shall be content if more residents come to recognise that true health, which is finally a personal responsibility, is not solely a question of physical fitness, though that is obviously of importance, but is dependant on parallel mental and spiritual development, resulting in balanced personalities of which the world cannot have an excess.

May I take this final opportunity, Madam Chairman, Ladies and Gentlemen, of tendering my thanks for the excellent support and very welcome friendship you and your predecessors have given me during the last eight years. I should also like to thank my colleagues in the Council's service, and especially the Chief Public Health Inspector and his Assistants, with whom I have been very fortunate in experiencing such real comradeship, and all members of the local social services, both voluntary and professional for their friendship and co-operation.

May further success result from your patient endeavours and may real Local Government thrive locally to the benefit of all concerned.

I am, Madam Chairman, Ladies and Gentlemen,

Yours obedient Servant,
F.R. EDBROOKE
Medical Officer of Health

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	8,250
Registrar-General's estimate of population, mid 1957	34,030
Population, Census 1931	19,503
Population, Census 1951	31,293
Number of occupied houses, December, 1957 (Estimated)	8,850
Number of occupied houses, 1931	4,044
Number of occupied houses, 1951	7,786
Rateable Value, December, 1957	£459,056
Sum represented by a penny rate	£1,816

VITAL STATISTICS FOR THE YEAR 1957

	Total	M	F	Birth Rate per 1,000 of the estimated resident population
Live Births - Legitimate	501	263	238	15.3
do. Illegitimate	20	11	9	Corrected Birth Rate
	521	274	247	16.4

				Still Birth Rate per 1,000 (live and still) births
Still Births - Legitimate	7	3	4	15.1
do. Illegitimate	1	1	-	
	8	4	4	

				Crude Death Rate per 1,000 of the estimated resident population
Deaths	328	158	170	9.6
				Corrected Death Rate
				9.1

	Cases	Rate per 1,000 (live and still) births
Deaths from puerperal causes:-		
Puerperal Sepsis	-	-
Other Puerperal causes	1	1.9
Total	1	1.9

Death Rates of Infants under one year of age:-	
All infants per 1,000 live births	9.6
Legitimate infants per 1,000 legitimate births ..	9.9
Illegitimate infants per 1,000 illegitimate births	-
Deaths from Cancer (all ages)	61
Deaths from Measles (all ages)	Nil
Deaths from Whooping Cough (all ages)	Nil
Deaths from Diarrhoea (under 2 years)	Nil

THE CATERHAM AND WARLINGHAM URBAN DISTRICT COUNCIL

The names Caterham and Warlingham indicate that the earliest settlements on this portion of the North Downs date back until at least Saxon times. Very gradually over the centuries, these hamlets may have grown but the main increase in population occurred during this Century. Likewise, from the point of view of local government, the achievement of higher status began in 1899 when the parish of Caterham was recognised as an Urban District with an area of 2,438 acres and a population of just under 10,000. The latter included over 3,000 residents in the Guards Depot (first established in 1877) and St. Lawrence's Mental Hospital which was built in the three years 1868-1870 as a direct result of Florence Nightingale's review of the London hospital services.

In 1929, after prolonged negotiations, the parish of Warlingham decided to amalgamate with Caterham and the present combined Urban District was formed with a total population of 17,590 and, as a result of the latest review of boundaries in 1933, an area of 8,250 acres.

The District, which has no natural boundaries, is now mainly a dormitory area to the south of the County Borough of Croydon, 15-20 miles south of Charing Cross, spreading over three plateaux of the North Downs and the intervening valleys. Caterham-on-the-Hill, Woldingham and Warlingham with Hamsey Green are chiefly on the hills while Whyteleafe and "Caterham Valley" are in the valley traversed by the main Eastbourne road.

Most of the earliest flint buildings are disappearing as are some of the relatively congested Victorian small dwellings on Caterham Hill and along the Eastbourne road. The vast majority of the present dwellings are well spaced and modern, while there are considerable areas, e.g. at Woldingham and Warlingham in which large houses with extensive grounds predominate.

The underlying chalk, which is often superficial, has influenced the development and appearance of the District, but on the plateaux there are substantial caps of clay and flints and occasional pockets of sand occur.

The southern edge of the District forms part of London's "Green Belt" and tongues of this agricultural or undeveloped country run into the District, augmenting its pleasant recreation grounds. Thanks to its hilly nature, to town planning and the influence of its many garden lovers, it is in general one of the most favoured of London's suburbs.

There are no really large manufacturing or other industries in the District, although since the war a number of lighter industries have been established. Most of the residents who work do so in London or Croydon, travelling to and fro daily, but a considerable proportion are employed locally in connection with St. Lawrence's and Warlingham Park Mental Hospitals, the latter being situated on and adjoining Warlingham's eastern boundary, the Guard's Depot, in the building trade or in the supply of food and other daily wants of the inhabitants.

For a considerable time the amount of unemployment, apart from temporary unemployment pending transfer, has been negligible.

AREA AND POPULATION

As stated above, the area of the District is 8,250 acres and in 1929 the population was 17,590. There was, however, very considerable building in Caterham and in Warlingham and Hamsey Green during the 1930's and by 1939 the population had increased to just over 27,000.

This decreased during the war years to be followed by recovery in 1946 - 1947.

By the time of the 1951 Census there was a slight increase to 31,290, and in the last six years some 1,026 houses have been built. Allowing an average of 3 persons per house, this would suggest a population of 34,368, which is probably an under-estimate as the average number in each house is more likely to be about $3\frac{1}{2}$ persons, making a total around 35,000. In fact the Registrar General estimates that the home population (including the military stationed in the district) in the middle of 1957 was 34,030.

PART 2 - ASSESSMENT OF THE HEALTH OF THE DISTRICT

VITAL STATISTICS

For many years information has been collected nationally with a view to deducing whether the general state of the public health is satisfactory, to noting any tendencies to variation and to the introduction of any measures which appear desirable for its improvement.

The following table is one way of presenting concisely what has been happening in the District since 1920. What the various "Rates" mean will be dealt with in subsequent sections, but it should first be noted that in each of the first seven columns an average for the five years referred to has been given. Averages are desirable in order to even out the wide differences which are apt to occur from year to year when dealing with only relatively small numbers. An illustration of this will be included later.

Rates per 1,000 population	1921-1925	1926-1930	1931-1935	1936-1940	1941-1945	1946-1950	1951-1955	1956	1957
Birth rate	14.6	14.4	15.1	15.3	19.1	18.2	13.8	13.9	15.3
Percentage illegitimate	-	3.5	3.8	4.7	8.3	3.3	3.8	1.9	3.8
Stillbirth rate	-	-	0.52	0.55	0.53	0.40	0.32	0.11	0.23
Death rate	7.9	8.4	8.3	9.3	11.5	9.8	9.9	9.1	9.6
Cancer death rate	-	0.88	1.12	1.23	1.72	1.54	1.58	1.40	1.79
Tuberculosis death rate (per 100,000 population)	67	56	40	47	58	33	9	9	9
Violence including suicide	-	0.48	0.46	0.57	0.61	0.33	0.43	0.21	0.26
Maternal mortality rate per 1,000 live and still births	-	-	5.6	2.4	1.3	Nil	Nil	Nil	1.9
Infant mortality rate per 1,000 registered births	54.2	57.5	42.4	29.1	51.9	27.3	24.1	15.0	9.6
Neo-natal mortality rate	-	-	-	-	-	-	18	9	-8
Estimated Population	12,005	15,287	22,585	26,004	22,972	28,662	32,364	33,400	34,030

BIRTHS

For various reasons it is important to know how many babies are being born each year. For example, we want to know the total number of persons in the Country, how many places will be needed in the infants' schools five years hence, and so on.

In 1957 we know that 521 live babies were born in Caterham and Warlingham, (274 boys and 247 girls) which was 56 more than in 1956. As the number of births will obviously depend in part on the number of people in the District, we find it best to speak of the number of births for every 1,000 residents and that figure is known as the Birth Rate.

The preceding table shews what the recent Birth Rate has been and compares it with the five yearly averages since 1921. The most noticeable feature is that this rate was much higher between 1941 and 1950, and that is why so many more schools have had to be built since the war.

The Birth Rate of a District like this cannot be compared with, say Manchester, unless allowance is made for the proportion of the residents who are young married couples and therefore more likely to have babies. The Registrar General, who is responsible to the Country for dealing with these statistics, therefore decides each year on a "comparability factor" for each District, and if the simple or crude Birth Rate is multiplied by this, the "corrected Birth Rate" results. This should be comparable with the corrected rate for any other area or with that for the whole of England and Wales. The Birth Rate for the latter was 16.1 in 1957, whereas the corrected Birth Rate for this District was 15.3.

ILLEGITIMACY - The mothers of 20 babies (11 boys and 9 girls) born in 1957 were not married at the time the births occurred. This means that 3.8% of the 1957 babies were illegitimate at birth. The smaller this proportion, the better the chance of a good start in life for the District's babies.

STILLBIRTHS - Last year 8 babies were not born alive, (4 boys, 4 girls). The Stillbirth Rate is best expressed as the number born dead of every 1,000 born, whether alive or dead, and in 1957 this rate was 15.1 in this District and 22.4 in England and Wales.

DEATHS

Just as every birth has to be registered by the Registrar, so too since 1836 has every death, the doctor stating what caused the death.

We note first that there were 328 deaths in this District during the year (158 males, 170 females) that being 23 more than in 1956. From this figure we calculate the Death Rate, i.e. the number of deaths per thousand population (9.6) and thanks to the Registrar General's "comparability factor" obtain the corrected Death Rate of 9.1 which should be comparable with the Death Rate of England and Wales of 11.5.

It will be seen that the correction only slightly reduces the local death Rate and this is because the proportion of our residents who are elderly and thus more likely to die is not much greater than in the Country as a whole. This is also one of the reasons why in the preceding table the Death Rate is seen to have increased somewhat, but not very markedly in the last 30 years. (The Death Rates given in the table have not been corrected because the "comparability factor" was not recorded before 1934 nor supplied from 1938-49). Undoubtedly the average age of the residents of this District is higher now than it was in 1920-1925.

Unfortunately there is another factor which has made it most difficult to compare the number and particularly the causes of death locally in recent years. Before 1953 the registrations of the deaths of the people who died in the District but normally lived elsewhere, were transferred to their home towns. Now the rather large numbers who die in St. Lawrence's and in the homes for the aged count as if they had resided here permanently. As the inmates of this hospital are included in our total population this is fair, but the alteration in the method of recording has complicated comparisons. When we come to consider the causes of death, it will be seen that an attempt is still being made to distinguish between ordinary residents and this special group, and here we record that, but for the new system, the crude Death Rate in Caterham and Warlingham in 1957 would have been 7.1 compared with 6.6, 8.0, 6.9 and 9.0 in the preceding four years. A further complication will present itself in 1958 as the Registrar General is reverting to the transfer to the place of their former abodes, records of persons who die in the local institutions within 6 months of their admission.

THE MAIN CAUSES OF DEATH AND THEIR PREVENTION

Ideally we would like everybody to live in good health until they wear out from old age. It is not our concern here to deal with how they employ their time while alive, although that is obviously of greater importance than the mere length of life. Our present concern is to observe what are the main causes of death and especially those which shorten life unduly.

In Table II in the Appendix, will be found a complete list of the official classifications of causes and the numbers affected divided into sex and age groups.

A number of the causes can be still further grouped together when it is found that, as usual, the commonest causes are heart and circulatory disease (48% of the total deaths), cancer (18%), respiratory diseases (12%), accidents (2%) and tuberculosis (1%).

HEART AND CIRCULATORY DISEASE

This large group is made up mainly of several quite different causes of failure of the heart and circulatory system. Some, but relatively few of us, commence life with structural defects, chiefly of the heart, which as a result, has to work against difficulties from birth. Advances in surgery in recent years have altered the outlook for these unfortunates.

In another diminishing group of people the efficiency of the heart is reduced as a result of infection, but the chief cause, rheumatic fever, has rapidly decreased in incidence during the last 30 years for some obscure reason. A substantial proportion of premature adult deaths from heart failure is due to damage originally caused by this infection.

By contrast, included in this group of persons said to have died as a result of Heart or Circulatory diseases are many residents who have died virtually of old age, their hearts or arteries having eventually worn out. It is impossible to tell exactly from the brief death certificates which of the deaths can be attributed to old age and which to the larger group in which the primary cause of death appears to have been the same, except that it may be thought to have occurred prematurely. Some satisfaction can be gained if it is found that, in general, the average age at which death occurs is getting higher.

During 1957 we find that 79% of the residents whose deaths were attributed to heart and circulatory disease were over 65 years of age, compared with 73% in 1956 and an average of 76% in the five years 1951 to 1955. By contrast, 49% of the group were over 75 years compared with 59% in 1956, from which it would appear a fair deduction that no marked decline or improvement has occurred of recent years.

What can be done to diminish the appreciable proportion who die before 65 years of age? Unfortunately, the fundamental cause of clotting in the blood vessels, which underlies thrombosis, and of fracture of the vessels, which causes mainly cerebral haemorrhage, are not known. Evidence suggests on the one hand mistakes in diet (bearing in mind the occupation of the individual) and, on the other, ways of life conducive to a permanent raising of the blood pressure. Of the first it may be said that in general the quantity of food, and especially the animal fats and carbohydrates, should be decreased the more sedentary the occupation. Of the second, the more even the tenor of life the better. Chief among the causes of raised blood pressure are drugs, including alcohol and tobacco, emotional stresses, including anger, fear and anxiety, and possibly over-eating and constipation. The cultivation of a cheerful, optimistic and philosophical way of life with ample mental and physical relaxation is to be commended.

CANCER

The cancer death rate among local residents was 1.79 (i.e. deaths in each 1,000 of the population) compared with 1.40 in 1956 and an average of 1.58 in the previous 5 years. The latter is, however, nearly double what it was 30 years ago. In part, of course, this increase is due to the increase in the average age of the population, cancer being chiefly a disease of the more elderly; partly it may be due to better diagnosis, but it is generally believed that to some extent a true increase in prevalence has occurred, especially in lung cancer in men.

Cancer is essentially the misbehaviour of certain cells of the body which, without notice, multiply in numbers causing a "new growth" which in turn is apt to spread, not only directly but by shedding parts which start "secondary new growths" in other parts of the body. What exactly is the primary cause of this abnormal growth is still unknown. There may be underlying factors but almost certainly there is some form of direct irritation. The classical examples of the effect of irritation are the comparatively high number of cases of cancer which used to occur among chimney sweeps and tar workers, and those using rough ended clay pipes, badly fitting dentures or retaining jagged teeth.

Unfortunately we know too little about the causal irritants, except in the case of cancer of the lung where it is now generally suspected that heavy cigarette smoking over a long period may be a very important cause. In view of the many serious financial repercussions which would result if all cigarette smoking ceased, very considerable research is being undertaken to ascertain what chemical, if any, causes the irritation. While the results are awaited, adults who have become addicted to the habit would be well advised to reduce their use of cigarettes, while the younger generation would be wise to consider the unnecessary risk before they become addicted to what is, at least, a foolish and uneconomic habit and one which most probably contributes to other forms of ill health.

If the scope for preventive measures is, unfortunately, limited, there is still hope of a cure being effected if operative or other measures are carried out early in the disease. The outlook is best in the accessible forms of the disease, e.g. the skin, mouth, breast and female genital organs. The prime necessity is for early recognition. Persistant ulcers,

pain or swelling, the enlargement of any skin defect or unusual haemorrhage from any of the body orifices should be reported promptly to the patients' private doctor. The mental relief of a negative diagnosis is almost as important as the institution of early treatment.

TUBERCULOSIS, PNEUMONIA AND BRONCHITIS

These diseases are referred to in later sections of this report.

VIOLENCE

During 1956 there were 9 deaths among residents which were attributed to suicide or other forms of violence, the resultant death rate being 0.26 per 1,000 population. Since 1927 this rate has only been lower in 1942 (0.18), 1946 & 1947 (0.22), and 1956 (0.21).

Only 1 death occurred from a motor vehicle accident compared with 2 in 1956, but by contrast, deaths from all other accidents (including accidents in the home) increased by 3 over the 1956 figure to a total of 7.

It seems ironical that so much emphasis and public expenditure is devoted to the prevention of road accidents and so very little by comparison to the avoidance of other forms of accidents which consistently produce more fatalities. In part, the reason may be the different age groups affected. Road deaths concern all age groups but home accidents mainly result in deaths among the young and the elderly, the latter chiefly from falls. The prevention of all forms of accidents obviously justifies continuous attention, as apart from the loss of life, there is a tremendous loss of working time, unnecessary suffering and absorption of the resources of the hospital and ambulance services.

One suicide occurred during the period under report, compared with an annual average of 4 in the preceding 10 years.

MATERNAL MORTALITY

Deaths among women in association with childbirth are particularly regrettable, and it is therefore very pleasing to be able to report that on the whole the Maternal Death Rate has steadily decreased. This rate is usually expressed as the number of such deaths occurring in every 1,000 live and stillbirths, and if reference is made to the preceding table it will be seen that since 1931 - 34, when this rate was relatively high with at least two mothers losing their lives each year, it has steadily decreased, the average annual loss until 1945 being one. During the following twelve years, there was not a single death associated with childbirth, which is remarkably good. Unfortunately, one maternal death did occur during 1957, although the specific cause of death might well have had this result at any time and unassociated with childbirth.

INFANT MORTALITY

Infant deaths are also almost universally deplored, hence we welcome the spectacular decrease in the Infant Mortality Rate which has occurred nationally this century. (This Rate is the number of deaths under 1 year per 1000 births occurring in any given year.)

In 1900 the national Infant Mortality Rate was 154 but by 1927 it was 70 and in 1939 down to 50. Although it rose slightly during the war (60 in 1941) it has since fallen fairly steadily and in 1957 was only 23.

Locally, as will be seen by reference to the Table at the beginning of this section, the downward trend has followed the national one very closely, but in the last 3 years, it has been exceptionally low, being only 15.6 in 1955, 15.0 in 1956 and 9.6 in 1957.

The causes of death in the five babies who died in this District in 1957 were:-

Broncho pneumonia	1
Congential Heart Disease	1
Prematurity	3

The prevention of infections, even colds, might have reduced further this loss of young life.

During 1957 there were 4 deaths among babies in the first month of their lives, this corresponding with a Neo-natal Mortality Rate (i.e. deaths in the first month, per 1,000 live births) of 8, compared with 9 in 1956. During the period 1951 to 1955 on the average this rate was 18.

As prematurity is the most important factor contributing to this Rate, research has recently been concentrated upon its prevention, but the cause appears to be by no means a simple one. Every effort is being made however, to preserve the lives of these premature infants. During 1957, locally there were 38 "premature" babies born (now interpreted as babies who weigh 5 lbs 8 ozs or less at birth) of which nine were notified as being born at home and 29 in institutions.

SICKNESS IN THE DISTRICT

(a) INFECTIOUS DISEASE

It was mainly because of the devastating effects of infectious diseases that Medical Officers of Health were first appointed just over 100 years ago and it is in the restriction of these diseases that the most spectacular results have been achieved. It is, therefore, understandable that consideration of their prevalence is given a rather conspicuous place in reports such as this.

Fortunately during the century the picture has completely altered and some of the diseases which at times decimated the population, e.g. plague, cholera and smallpox, have now virtually disappeared from this Country, although still present and no less deadly in some parts of the world. Smallpox is, however, quite liable to reappear here, particularly in view of the speed of air transport of travellers from the tropics.

It will be seen in the following notes that the majority of other infectious diseases which remain with us have also declined in prevalence or in their severity, and are, therefore, apt to be disregarded now as not having an important influence on the state of the public health. Unfortunately, however, the virulence of the organisms causing these diseases has varied throughout history, and we therefore have to be ever watchful lest they again become serious enemies.

In order to present a picture of the position during 1957 the following table is included, but a better picture can be obtained by noting the variations over the last 21 years shown in Table III in the Appendix.

Disease	Nos. Notified	Treated in Hospital	Total Deaths
Scarlet fever	27	12	-
Erysipelas	7	1	-
Para-typhoid fever	1	1	-
Meningococcal infection	1	1	-
Poliomyelitis	5	4	-
Pneumonia	6	2	-
Measles	321	4	-
Whooping cough	4	-	-
Dysentery	2	1	-
Food poisoning	3	2	-
TOTALS	377	28	-

It will be seen that tuberculosis is omitted from this list of acute infectious diseases, this chronic disease being dealt with separately later. Further the total number of notifications was 377 compared with 232 in the previous year, an increase in the number of cases of measles more than offsetting the reduction in cases of scarlet fever and whooping cough.

SMALLPOX

No case of this disease has occurred in this District in the last 20 years but in most years contacts with cases overseas and suspected cases have to be visited and kept under observation. The seriousness of the Brighton outbreak in 1951 illustrated how important such preventive measures and vaccination still are.

DIPHTHERIA

Before the national scheme for immunisation against diphtheria, this District had on the average about 10 cases of diphtheria and nearly one death every year.

Five years have now passed without a case of diphtheria having occurred, the last being the three adult cases which were notified in 1952. Cases and deaths are, however, still occurring in parts of the Country, hence the necessity for immunisation being maintained is at least as great as hitherto, - possibly greater now that the natural stimulation caused by occasional small doses of the organism rarely occurs.

SCARLET FEVER

Nationally in 1860 - 70 this disease caused 70 deaths in every 100,000 population. In 1911 - 13 this number had decreased to 5, but it was still one of the most dangerous diseases. Fortunately its virulence has steadily decreased and for years only a very mild type of scarlet fever has occurred locally, though it can still produce permanent damage from its complications. As it became known that the germ which caused the disease was much more wide spread than was originally thought, the attitude to preventive measures altered. (It so happened that treatment also became much more effective during the same period).

The present attitude is that prevention by the isolation of cases is no longer likely to be effective and contacts of cases can continue to attend school or work providing they are well. On the other hand, as the virulence of the organism may increase again and there are still special circumstances in which it is very undesirable for the organism to be allowed to spread indiscriminately, notification is still required, although there is evidence that this is being observed with decreasing stringency. The fact that only 27 cases were notified in this District during 1957 is therefore of less significence and it cannot be assumed that the disease was less prevalent.

Once again the cases occurred only among school or pre-school children. Twelve of the cases were admitted to Bletchingley Hospital, which, although again a decreasing percentage, is a relatively high proportion. While it may be justified from the point of view of treatment, it is certainly not as a preventive measure that admission to hospital should be advocated.

ERYSIPELAS

Seven cases of this disease, which is also due to a streptococcus, again occurred in 1957, this being about the average in recent years.

PUERPERAL PYREXIA

This complication of pregnancy, formerly also chiefly due to streptococcal infection and frequently very serious, has, fortunately, become of insignificant importance, thanks to aseptic technique and the effectiveness of newer types of drug treatment. No case has in fact been notified locally during the last three years.

PNEUMONIA

Only cases of influenzal and primary pneumonia are notifiable, i.e. those due to a specific infection by the influenzal virus or pneumococci. In 1957 only six cases were notified although the wave of Asian influenza spread to this District in the early autumn, initially affecting mainly the school children, but none severely.

ENTERIC FEVER

One case of paratyphoid fever (Phage Type ONE) was notified and removed to Redhill County Hospital. Specimens collected from the patient's family proved negative.

The source of para-typhoid infections is usually some food-stuff but the food concerned in this case could not be traced. Typhoid is more often traceable to water and it should be noted that each year cases of one or other of these intestinal diseases occur in persons returning to this Country from the Continent. As so many residents now go overseas for their holidays, the desirability of prior inoculation against typhoid and para-typhoid should be considered, especially if going to countries in which the hygienic standards are inferior to ours.

DYSENTERY

Only two cases of the relatively mild Sonne dysentery were notified and these were not interconnected.

The prevention of the spread of Sonne dysentery is almost entirely a matter of practising hygienic habits and particularly those of cleansing the hands thoroughly after going to the W.C. and before handling food.

FOOD POISONING

The preceding remarks apply also to the prevention of this group of of infections, the prevalence of which increased with communal feeding during and after the war, but in respect of which public opinion has been steadily built up and supported by new legislation.

Notifications of three cases of confirmed food poisoning were received during 1957 and the necessary investigations carried out.

In addition, in 8 instances individuals were suspected of suffering from food poisoning, but the investigations which were made produced negative results. Similarly relatively small outbreaks of diarrhoea and sickness in two schools were investigated during the year, but again no reliable evidence was obtained to justify a diagnosis of food poisoning. An airborne infection resulting in a succession of cases of diarrhoea, etc. would appear to be the commonest cause of these unconfirmed notifications. There is no wish to discourage the latter, however, especially from schools as this is the only way of instigating early investigations, which at times can result in preventive measures being instituted.

POLIOMYELITIS

It will be remembered that this disease first assumed major importance in this Country in the hot summer of 1947, since when, owing to the serious results which can occur, it has received considerable attention.

Fortunately during 1957 only four confirmed cases occurred in this District of which two only were paralytic. This total is about the average for the previous 10 years. In addition six other suspected cases were admitted to hospital but not confirmed as suffering from poliomyelitis.

The first of the confirmed cases was a non-paralytic one, a child of 9 years, who was taken ill in July, and the remaining 3 cases were all young adults who were taken ill in the following two months. The last case, a paralytic one and the only male, was really a Croydon resident who had been a temporary guest in this District for 9 days before the first systems were noted.

MENINGOCOCCAL INFECTIONS

A suspected case of lymphocytic meningitis was notified but the diagnosis was not confirmed in hospital.

MEASLES

This most common infection is usually more prevalent in alternate years, hence it was not surprising that 321 cases occurred after 134 in 1956 and 353 in 1955, although the contrasts are often more marked.

The disease was again of a mild type as far as is known, only four being admitted to hospital. No death has occurred locally as a result of this disease since the war.

WHOOPING COUGH

Only four cases were notified during 1957 which is the lowest number in any of the last 10 years. No death occurred and in fact only two deaths (and those in very young babies) have occurred locally since the war. As this disease can be very serious in infants, early immunisation is strongly recommended.

TUBERCULOSIS

The following table presents concisely the position with regard to tuberculosis in the District during 1957:-

	Pulmonary		Non Pulmonary		Total	
	M	F	M	F	M	F
Number of cases on register 1st Jan. '57	109	83	16	16	125	99
Additions:						
New cases notified	9	4	-	2	9	6
Cases removed into district	6	8	1	1	7	9
Restored	1	-	-	-	1	-
TOTAL ADDITIONS	16	12	1	3	17	15
Removals:						
Deaths from T.B.	2	1	-	-	2	1
Other causes (Death other than from T.B.)	3	-	-	-	3	-
Removed from district	15	14	1	9	16	23
Recovered	8	4	4	1	12	5
Not T.B.	-	-	-	-	-	-
TOTAL REMOVED FROM REGISTER	28	19	5	10	33	29
Number of cases on register 1st Jan. '58	97	76	12	9	109	85

A table indicating the age groups of the new cases and of those in which death occurred is included in the Appendix.

The next table is helpful in shewing the trend of this disease in Caterham and Warlingham since 1921. Average figures for the 5 to 10 yearly periods indicated have again been used to level out the fluctuations which are apt to occur between individual years. The Rates given here and in the following notes are per 100,000 population.

	1921-1930	1931-1940	1941-1045	1946-1950	1951-1955	1956	1957
PULMONARY -							
New cases notified	87	176	101	147	86	19	13
Case rate	70	74	88	102	53	57	38
Deaths	50	82	47	37	11	2	2
Death rate	51	33	45	26	7	6	6
NON-PULMONARY -							
New cases notified	20	65	46	38	10	4	2
Case rate	16	27	41	27	6	12	6
Deaths	12	20	12	10	4	1	1
Death rate	10	8	10	7	2	3	3

It is sometimes forgotten that tuberculosis is an infectious disease, mainly spread by droplets coughed into the air, the disease differing from the previous acute infections in that it tends to run a more chronic course. Skin testing suggests that not more than 13% of the local children have met the infection by the time they are 13 years of age. Their reaction probably depends on the doses they receive at any one time and on their general health and individual susceptibility. In most people the germs become sealed off in the lungs without obvious symptoms being noted. It is not yet clear whether the cases which are notified among older children and young adults, if and when the

disease is active and tending to spread, are persons who have just received their first infection or who have become reinfected, or alternatively are persons in whom the original sealing off process has broken down, possibly due to subnormal general health combined with adverse circumstances. The latter is probably the cause of the increasing proportion of notifications of persons of 45 - 65 years of age, and particularly of males in the post war years.

It will be seen from the last table that apart from the war and immediate post war years, there has been a steady decline in the case rate, (i.e. the proportion of the population recognised annually as suffering from active disease whether pulmonary or non-pulmonary) and an even more spectacular fall in the corresponding death rate. While this improvement, which is fortunately occurring throughout the Country as a whole, is welcomed, it must be remembered that the battle against this formidable disease still goes on, with relatively high casualities still occurring. Treatment has become increasingly successful, especially in those cases which are recognised early, but sufferers are out of action for quite long periods compared with those suffering from other infections.

Undoubtedly the improvements in nutrition, housing and other factors affecting our standard of living, have made a major contribution to the success in dealing with this disease. The wider use of Mass X-ray Units in diagnosis has and does help in early diagnosis, while still more recently, skin testing combined with B.C.G. immunisation has been used in an endeavour to increase immunity in groups who are especially exposed to heavy infection.

All can assist in this battle, individual residents by maintaining their general health and accepting regular examinations, together, if necessary, with early treatment; the District Councils in their housing policy, the County Councils in their provision of clinics, after-care, etc., and the Regional Hospital Boards by their arrangements for treatment.

The mass X-ray last visited this District in February 1956 but returned early in 1958. Many residents can and do avail themselves of facilities at their work or in London, Croydon, and the surrounding districts.

The opening early in 1958 of the ad hoc Chest Clinic at Purley Hospital is most welcome, as it will not only provide better accommodation for patients and staff, and liberate needed space at the County Council Clinic, but give opportunities for improved diagnosis and treatment facilities.

NON-NOTIFIABLE INFECTIOUS DISEASE

Less is inevitably known of infectious diseases which doctors are not required to notify because they are normally not very serious. Informal arrangements are, however, made each year for a few selected doctors to act as 'Spotters' in case influenza breaks out, and all are welcome to help in passing on information of any unusual outbreaks. The death returns and the sickness returns of the Ministry of Labour also help confirm the presence of influenza, as do those of the Head Teachers, who are also required to notify absences due to any infectious disease. The latter were especially valuable in 1957 for they indicated the arrival of "Asian Flu" in this District in September.

This outbreak, which originated in the Far East and first appeared in the north of England earlier in the year, appeared to attack primarily children of school age among whom there was a high absentee rate. A variety of other ill-defined forms of sickness contributed to this, however. Among this age group, the influenza was not severe, but the results were sometimes more serious towards the end of the year when adults chiefly suffered. Fortunately the epidemic could not be compared in extent or severity with the notorious 1918-19 pandemic.

The Head Teachers' returns in 1957 also indicated that relatively few cases of chicken pox occurred, mainly at Caterham on the Hill in the Summer and at Whyteleafe in late Autumn. By contrast there was a moderate epidemic of mumps, the largest number of cases occurring in Warlingham in the late Spring and Caterham on the Hill in June/July. A few cases of German measles were noted which were scattered over the District and throughout the year.

The teachers are provided with instructions prescribing the minimum periods for which cases of infectious diseases must be excluded from school and, where necessary, these are supplemented by advice from the School Doctors or Health Visitors who also visit the homes as and when desirable and practicable.

INFESTATIONS

Although not in any way infectious, it is convenient to include here a note on the measures taken to reduce the commonest infestations:-

(a) Scabies

Is due to a mite which lives on or in the skin; it was common during the war, but fortunately only one case came to the notice of the Health Department during 1957. Early notification of any case is very desirable in order that contacts may receive preventive treatment while the patient is being treated.

(b) Lice

Almost all school children are inspected by the Health Visitors each term to ensure the absence of lice and in 1957 only 21 were found to have head lice, usually following accidental or casual infestation. Such cases quickly respond to the treatment the parents are advised and assisted to provide. Only a relatively small number of families in this District seem permanently liable to harbour vermin.

THE CONTROL OF INFECTIOUS DISEASE

The main lines along which attempts have been made to prevent the spread of infectious diseases have been (a) to prevent the organisms entering the body and (b) to increase the body's resistance to any which do enter.

Isolation of the sufferer and disinfection of his excretions and surroundings can, in some instances, reduce the risks of others getting the germs, at least in very large numbers. These measures are most successful in those diseases, such as enteric fever, dysentery and possibly poliomyelitis, in which spread occurs mainly through the vomit, urine or faeces.

The presumption underlying this historical approach to the problem is that only the obvious patient is carrying the germs. Increasing knowledge has shewn, however, that in almost, if not in all cases the infection has spread to other persons before the first case is recognised, and a variable proportion of these can carry and thus spread the disease without themselves suffering much, if any, ill health.

This consideration, which applies particularly to the large number of infections which are chiefly spread in the droplets the patient sprays around when speaking, coughing or sneezing, has resulted in less justification for following the practice of isolation or segregation and disinfection.

There is still a place for excluding for 48 hours, persons starting to shew signs of a 'cold', which may prove to be something even more serious. This will help to reduce the doseage others may receive.

Nevertheless, it is obviously most desirable in all cases in which it is practicable, to increase the resistance of the population to those infections with which they will almost inevitably come into contact sometime, hence the steadily increasing emphasis on, and practice of, immunisation. The following brief notes are an attempt to summarise the present position in regard thereto.

SMALLPOX

Vaccination against this often deadly disease was historically the first attempt to provoke a mild attack which would reduce the chances of a severe reaction. Subsequently, vaccination with a milder but related vaccine was generally adopted and made compulsory, but during this century, in this Country increasing advantage was taken of the ways in which this requirement could be avoided, with the result that only about a third of the population was being vaccinated.

Under the National Health Service Act, 1946, vaccination against smallpox was left to voluntary acceptance, and for the last five years at least 60% of the babies in this Division have been vaccinated. In 1957 there were 167 primary vaccinations carried out in the Welfare Centre and 233 (including 18 of 15 years and over) by General Practitioners who also re-vaccinated 29 children under 15 years and 104 persons over 15 years. (The above figures include the primary vaccination of 341 babies under one year of age).

ENTERIC, CHOLERA AND YELLOW FEVER

Immunisation against typhoid and paratyphoid was introduced successfully during the Boer War and has been used since, with the addition of vaccination against cholera and yellow fever when considered desirable, for the protection of troops and others proceeding abroad, the nature of the vaccine depending upon the Countries to be visited.

Reference was made earlier to the desirability of certain of these forms of immunisation being more generally obtained by holiday makers going abroad. Private doctors will advise on how and where they can be secured.

DIPHTHERIA

The situation with regard to this serious disease has completely changed since the national campaign to encourage immunisation against it began in 1941. No cases have occurred in this District for the last 5 years and it appears that the germ is rarely present in the throat of any resident. As natural immunity cannot, therefore, develop as a result of minute doses being picked up casually, it is all the more important that we should maintain an artificially produced immunity, especially among children.

During 1957, the Authority arranged for 230 children to receive primary immunisation against diphtheria at Welfare Centres, Clinics, and Day Nurseries and similarly treated 8 at their schools. They also arranged for 381 to get 'booster' doses (including 333 in the schools). In addition, private doctors gave 175 primary treatments and 148 'boosters'. The total receiving primary treatment was 5 more than in 1956, and 35 more had a 'booster' dose.

WHOOPING COUGH

This form of immunisation was only officially adopted in 1952 and its effectiveness in preventing the occurrence of the disease is not yet of as high a standard as is that against diphtheria. There is, however, good clinical evidence that the severity of the attacks is reduced very considerably. While the vaccine can be used separately, it is usually combined with that against diphtheria.

During 1957, at least 398 children received primary courses (220 at Infant Welfare Centres and 178 from private doctors) while 214 were given 'boosters', including 106 in the Centres.

TETANUS

Of even more recent adoption officially, is a vaccine for active immunisation against tetanus, and this is normally given in combination with vaccines against diphtheria and whooping cough. Tetanus immunisation was used effectively in the Service throughout the last war and it has the advantages of not only producing some immunity against undetected infections resulting from minor injuries, but the necessity for using tetanus antitoxin following gross injuries can be avoided. This is important as the horse serum in the antitoxin contains antibodies which are apt to cause serious reactions in a proportion of the recipients.

While tetanus is not such a common infection in Surrey as in some Counties, its results are often very grave and, for the reasons mentioned above, it would now appear wise to encourage the wider inclusion of this vaccine in the combined vaccine which it is the common practice to use for the primary immunisation of babies.

At least 127 children had primary courses in this District; 123 were treated by private doctors who also gave 34 'boosters'.

TUBERCULOSIS

In some Countries, very general use is being made of a vaccine which it is claimed increases immunity against tuberculosis, but here a much more guarded approach has been adopted pending very careful observations of the results. For some years it has been used to help protect close contacts of open cases of pulmonary tuberculosis among the very young, nurses, etc., and in 1954 Ministerial approval was given to B.C.G. vaccine being offered to the parents of children aged 13 years. Originally confined to those attending Surrey County Council schools this treatment can now be given to the same age group attending any school in the District, and in fact four private schools have already co-operated.

In 1957, in this Division 59% of those offered treatment accepted. Of these 6.5% were shewn by the Mantoux test not to need B.C.G. vaccination and 49% of the age group were inoculated.

POLIOMYELITIS

As is widely known, 1956 was the first year in which a vaccine against poliomyelitis was introduced for use on a national scale in this Country. Instead of limiting the initial trial to certain areas as was done when trying out the whooping cough vaccines, the registration of all children born between 1947 and 1954 whose parents wished them vaccinated against

poliomyelitis was encouraged, and 4,570 children in this Division were registered. The amount of vaccine was very limited, however, and it was also thought advisable to confine treatment to the months of May and June, i.e. stopping it before poliomyelitis generally becomes prevalent. As a result, only 500 registered children born in certain months were, in fact, called up for treatment, which was given only by selected doctors of the Local Authorities.

During 1957 the treatment of the remainder was proceeded with as rapidly as the supply of vaccine permitted, only a temporary halt being called in the immediate neighbourhood of any case of poliomyelitis. The private doctors also assisted and by the end of the year, 4,041 had received two injections. In May, the age group was extended to include children born in 1955/6 and in November ante-natal mothers, babies of six months or over and groups at special risk were added. The year 1958 thus began with a waiting list of about 5,748 but with little anticipation that the complications hitherto introduced, some unnecessarily, were to be intensified as the year progressed.

COMBINATIONS OF VACCINE

It will be seen from the above that the number of diseases against which vaccines can be used has steadily increased, although all have not been referred to in this Report, and also that a number have only recently been introduced as suitable for general use. Obviously the time has already come when the more they can be given in combination, the fewer the injections and the less the inconvenience to all concerned, with consequent greater popularity and wider acceptance. Unfortunately, there are a number of resultant problems which necessitate and are receiving considerable time absorbing research, in particular the question as to what extent combining various vaccines affects the efficiency of each. Rapid progress along these lines cannot be expected.

Meanwhile the advice to parents has to be very carefully considered, not only in the interests of the individual child but bearing in mind the degree to which the advice will be acceptable as being convenient to the parent.

At present the general use of anti-tuberculosis vaccination is not anticipated, while vaccination against poliomyelitis is limited by the quantity of vaccine becoming available. (At present this form of vaccination is only given providing a minimum interval of two or three weeks follows or precedes any other form of immunisation, and that the child is otherwise fit and not likely to be incubating any infectious disease).

Vaccination against smallpox can be given as early as two months after birth in a healthy baby and, owing to the child's comparative immobility, there are advantages in carrying out this treatment as early as possible. During the Spring months and possibly when poliomyelitis is not occurring in a district, this can be followed by a course of combined diphtheria, whooping cough and tetanus prophylactics, commencing at the third month, particularly in view of the relatively high number of deaths from whooping cough in early infancy. There is evidence, however, against such an early start in diphtheria immunisation, while the use of the triple vaccine may increase the risks of paralysis if and when poliomyelitis is occurring in the neighbourhood.

Ideally, therefore, the whooping cough vaccine is best given on its own, starting in the third month, and reserving the prophylatic treatment against diphtheria and tetanus until the following Spring, but this would involve many injections in the first year, including two injections against poliomyelitis after the child is six months old.

The practice followed and advice being given now varies from District to District, and further variations can be expected. Meanwhile the local practice has been to continue the use of the triple antigen in children of 3 months upwards unless a case of poliomyelitis occurs in any given part of the District, and then to suspend treatment locally for as short a time as possible; this appears to be

justified in view of the almost negligible number of cases of paralytic poliomyelitis which have occurred in Surrey during the last 10 years following injections of the triple vaccine.

DISINFECTION

Residents are advised on the best methods of disinfection to adopt and where it is thought desirable they are assisted professionally. In general the efficient use of soap and water in cleansing the surroundings is adequate if coupled with the boiling of personal linen, after it has been soaked in a disinfectant solution, and the exposure to the sun of materials likely to be otherwise damaged.

BACTERIOLOGICAL AND CHEMICAL EXAMINATIONS

Many preventive measures depend upon an early and correct diagnosis which can only be made as a result of a bacteriological examination. The co-operation of the Public Health Laboratory at West Hill House, West Hill Road, Epsom, is often of paramount importance and their increasing efficiency and willing assistance is greatly appreciated.

During 1957 they examined and reported on the following specimens:-

Throat and Nose Swabs	17
Faeces	30
Sputa	4
Miscellaneous	3
Total	54

(b) OTHER ILLNESSES

It has previously been explained why so much space is devoted in these reports to the infectious diseases, although their influence on the public health has, fortunately, become of decreasing significance. Further reasons are, that at local level no statistics are available as to the prevalence of other forms of ill-health and, until recent times, it has been thought that but few preventive measures were practicable in relation to them.

Nationally it is known that the chief causes of absenteeism are the respiratory diseases and especially chronic bronchitis, rheumatism, the so called 'psychosomatic' group of diseases and more obvious mental ill-health.

RESPIRATORY DISEASES - The general principles outlined when considering the prevention of infectious diseases apply to the prevention of other respiratory diseases which are of an infectious nature, e.g. colds, influenza, acute bronchitis and pneumonia.

The term 'CHRONIC BRONCHITIS' is one which calls for a clearer definition: it is generally applied to a collection of symptoms, possibly caused by a variety of circumstances or organisms, which recur time and again in the same patients. Much research is needed and is now being given to ascertain how and why this disease begins, as well as into the best treatment. All that can now be suggested to a layman is that he should try to avoid the acute respiratory infections; when he fails to do so he should see that the infections are completely cleared up before ceasing treatment and resuming work. Unfavourable climate, smoking, certain dusty occupations and poor housing conditions may all be conducive factors needing to be investigated. Meanwhile the sufferer should avoid, as far as practicable, these and other potential irritants and should learn to live within the capacity of his damaged lungs.

'RHEUMATISM' also covers a number of abnormal conditions, from the acute rheumatism, usually of childhood, to the osteoarthritis with permanently damaged articular surfaces of the joints. The former is now, fortunately, a much rarer sequel to throat infections, and the damaged hearts which frequently occurred should now be avoidable given adequate initial treatment coupled with graduated exercise when necessary.

Rheumatoid arthritis, usually a disease of younger women, would be classified by some as a 'psychosomatic' complaint i.e. one in which it is the person's mental condition which, at least originally, causes the physical symptoms. If this is so the cultivation of a healthy mind would appear to be a logical preventive measure.

Most people complaining of 'rheumatism' suffer from some form of muscular trouble which may have originated through such diverse causes as dampness or even prolonged mental tension and strain. While direct treatment, e.g. by heat, electricity and drugs can assist, their handicap can be greatly reduced, as also in the case of osteoarthritis, by building up the general health, the reduction of anxiety and worry, and by using the parts affected fully, within reason.

The 'PSYCHOSOMATIC GROUP' of diseases grows annually as the influence of the mind over the physical is more generally recognised. Asthma, duodenal ulceration, rheumatoid arthritis and some cardiac diseases are those most widely attributed to a mental origin, but a much larger number are suspect. It is also recognised that the mind can very materially affect the course of other diseases, even possibly cancer, which are not yet thought to be originally caused by mental ill-health.

'MENTAL ILL-HEALTH'. With these observations in mind and the increasing loss of manpower due to mental ill-health associated with negligible physical symptoms, the tremendous importance of mental hygiene is obvious. While good heredity is a very important and valuable asset, the period of training of the young child is a critical phase, but so also is that of the adolescent, while adults of all ages need knowledge and self discipline to adapt themselves adequately to their constantly changing environment.

There is no short cut to mental health anymore than to physical well being, but absolute honesty and respect of truth, selflessness and the acceptance of a sound and practical philosophy of life appear to be some of the pre-requisites. As a nation, we should be well advised to concentrate more on the development of healthy minds than on trying to effect cures when symptoms of advanced derangement are noted. Instead of ever striving to quicken the speed of life and create distractions, surely more time for quiet meditation and clear thinking with subsequent logical action should be encouraged and the value of simplicity in individual lives be stressed.

PART 3 - PERSONAL HEALTH SERVICES

Having presented such evidence as is available on the state of the public health locally and the measures taken to control the effects of infectious diseases, a brief account of the services provided to assist the individual resident to maintain health is desirable, if only for the purpose of information.

Owing to the unfortunate division of the Health Service into three main branches, no mention is now normally made in the reports of Medical Officers of Health of the General Practitioner and Hospital Services, excepting insofar as they co-operate in the preventive services provided by the Local Authorities. Obviously, however, both contribute very substantially to the health of the public, though predominately by curing defects which have not been prevented. Owing to emphasis during the training of the personnel and the greater immediate satisfaction and appeal of spectacular cures, the question of prevention is, unfortunately, apt to be forgotten or relegated to a very minor role. In both Services there is, however, a very slowly growing appreciation of, and regard for, the importance of the environment and the way of life of their patients, as a result of which more health education is being undertaken.

Reports on the activities of these other services must be sought elsewhere. Here, attention must initially be confined to the main preventive Health Service.

LOCAL AUTHORITY HEALTH SERVICES

Since 1948, the administrative responsibility for the personal Health Service has rested almost entirely on the County Councils and County Borough Councils. Fortunately, in South East Surrey, close liaison exists between the local Urban District Council and the County Council as the former has representatives on the Divisional Health Sub-Committee and the corresponding Divisional Education Executive, which bodies have certain specified powers and responsibilities for some of the allied Health Services. The Medical Officer of Health for this District and his Deputy, who hold similar positions in the Coulsdon & Purley Urban District, are the responsible officers for the Divisional Health Services and deal to a limited extent, among other things, with the maintenance and detailed organisation of the following branches.

MATERNITY CLINICS

Since the National Health Service Act has been implemented, prospective mothers wishing to take advantage of its provisions may arrange for their confinements with:-

(1) a doctor providing midwifery service and a maternity nurse or

(2) a midwife, the doctor of their choice being on call in emergency, or

(3) a hospital, where a bed may be reserved in certain circumstances.

Expectant mothers making arrangements (2) or (3) usually attend the Council's Maternity Clinics but private doctors can also refer their cases for special purposes, e.g. blood tests for rhesus factor, etc. Normally every case has an X-ray examination of the chest, and a full examination including regular weighing and examination of the urine, blood, blood pressure, etc.

Arrangements have been made in some instances for the District Midwives to assist general practitioners at ante-natal sessions in their surgeries.

The results of the arrangement of alternative services under the Health Service Act have recently been reviewed and are being kept under close supervision with the aim of ensuring that every ante- and post-natal mother gets the full advantage of modern knowledge, and that no gaps exist or inferior standards of practice are permitted, but that the closest co-operation between all branches of the Health Service is secured.

During 1957, 198 residents had their babies in their own homes, some 195 at 4 hospitals in Surrey, including 185 at Redhill County Hospital, some 88 at 19 hospitals outside the County, including 23 at Purley Hospital and 24 at Mayday, while about 15 were confined in private nursing homes.

Only 40% arranging for home confinements is not a very high proportion, but one for which there are a number of reasons.

Official Maternity Clinics are now held at:-

Pelham House, 54 Harestone Valley Road, Caterham Valley	2nd, 4th and 5th Friday in each month at 2 p.m.
The Health Centre, Westway, Caterham-on-the-Hill	Every Tuesday in each month at 2 p.m.
The Church Hall, The Green, Warlingham.	2nd, 4th and 5th Tuesday in each month at 10 a.m.

MOTHERCRAFT AND RELAXATION CLASSES

Classes covering these subjects were commenced at the end of 1953 and the numbers attending have steadily increased.

The local classes are held at:-

Westway, Caterham-on-the-Hill	2nd and 4th Monday in each month at 2 p.m.
The Church Hall, The Green, Warlingham.	Every Tuesday in each month at 2 p.m.

Mothers wishing to attend these classes must, however, apply to the Divisional Health Visitor, 115 Brighton Road, Purley, who will inform them as soon as a vacancy occurs.

MIDWIFERY AND HOME NURSING SERVICE

Almost all the midwifery attendance at home confinements and the general nursing in the District are provided by the midwives and district nurses appointed by the County Council. The equivalent of just over 20 whole-time nurses is employed in this Division but changes in the personnel occur each year, while, as they are part of a County Service, their services are not limited by local District boundaries, and a system of reliefs operates over a wider area.

While the amount of 'cover' and the conditions of service of the individual nurses have improved since the institution of the National Health Service, there is unfortunately less close association between the residents and their District Nurse than there was previously, and less acceptance of direct responsibility for her well being.

The demands on the midwives have varied considerably since 1948, but have been on the increase in recent years.

As would be expected, with an ageing population, the amount of District Nursing has steadily increased, while the greater number of persons being treated by injections of anti-biotics and the shortage of hospital accommodation for the elderly are additional factors involving still greater demands.

The following figures give an idea of the amount of work done in 1957 in this Division, of which about one-third relates to Caterham & Warlingham:-

The midwives delivered 475 cases and attended 92 other maternity cases, while the general nurses paid 24,929 visits to medical cases, 5,860 to surgical cases, 2,602 to the tuberculous and 712 visits for a variety of other conditions, making a total of 34,103 visits, an increase of 322 compared with the previous year.

Particulars of the present local midwives and district nurses, together with information about other branches of the local Health and other Social Services have been prepared and copies are obtainable on request at the Public Health Department, Pelham House, 54 Harestone Valley Road, Caterham.

HOME HELP SERVICE

This service provides Home Helps in genuine cases of ill-health or old age, whose applications are supported if required by a medical certificate, but as the number of Helps is limited by the supply of suitable women willing to undertake this work, the amount of help which can be provided has to be varied according to the physical and social circumstances of the applicants.

Applications should be made to the Home Help Supervisor, 115 Brighton Road, Purley. In emergency, the following telephone numbers may be used: Uplands 7014 and 9277 - preferably between 9.30 and 10.30 a.m.

This District has benefited tremendously in respect of this service since Divisionalisation began in 1948. Prior to that date, very few residents were assisted in this way, but in 1957, when the equivalent of just over 40 full time Home Helps were employed for the Division, nearly a third of the following totals were Caterham and Warlingham residents:-

Maternity cases assisted	301
Tuberculosis cases assisted	17
Chronic sick, aged and/or infirm	398
Acute cases	316
Total	1,032

A recent development has been the training and employment of specially selected "Teaching Home Helps" for use in special cases, who are mainly "Problem Families".

FAMILY PLANNING

In 1945, the Coulsdon & Purley Urban District Council established a Family Planning Clinic with the approval of the Ministry of Health, and this is now held at Westway, Caterham-on-the-Hill. Only married women, whose health would be adversely affected if advice were withheld, can be seen and applications for appointment should be made to the Divisional Medical Officer, 115 Brighton Road, Purley.

During 1957, only 93 persons including 50 new cases were seen from the whole of the Division, the total attendance being 225.

HEALTH VISITATION

The equivalent of about four whole time Health Visitors are employed in this District, and they visit in their homes the vast majority of ante-natal and nursing mothers and their children until these are of school age. They also are the School Health Visitors and attend most of the Clinics held in respect of their areas. They thus become the friends and advisors of the family from the earliest days until the end of school life. Of late their services have been extended to include supervision of the welfare of the aged. All have been trained as State Registered Nurses and Midwives, and have additional qualifications for their special work. Their advice mainly relates to health matters but inevitably the field widens to include most social problems and they give valuable assistance by acting as liaison officers between residents and the variety of health and welfare organisations, both voluntary and statutory.

The Health Visitor serving Caterham Valley is based on Pelham House, 54 Harestone Valley Road, Caterham and her colleague, serving Caterham-on-the-Hill, is based on the Westway Clinic, Caterham-on-the-Hill. The Health Visitors serving Warlingham, Woldingham, Whyteleafe and Chaldon can be contacted at the Infant Welfare Centres, or, in emergency, through the Divisional Health Visitor, at 115 Brighton Road, Purley, (Uplands 9277).

During 1957, the 12 health visitors covering the Division as a whole, paid about 24,000 home visits.

INFANT WELFARE CENTRES

Five Infant Welfare Centres are held regularly as indicated below, and here children under five years of age can be weighed and seen regularly by a doctor. The main object is not to treat children who are unwell, this being the responsibility of the private doctors, but to observe and advise on their mental and physical progress. The mothers are taught normal child care and given personal advice on their many and varied problems, in a way which would otherwise not be available.

The following Infant Welfare Centres are held regularly from 2 - 4 p.m.:-

Pelham House, 54 Harestone Valley Road, Caterham Valley	Tuesdays
The Health Centre, Westway, Caterham-on-the-Hill	Fridays
The Church Hall, 399 Limpsfield Road, Warlingham	Tuesdays

St. Luke's Church Hall, Whyteleafe Hill, Whyteleafe	Thursdays
The Parish Hall, Station Road, Woldingham	1st & 3rd Mondays

NURSERIES AND CHILD MINDING

The County Council has maintained two Day Nurseries situated as follows:

"Hazelglen" Day Nursery, Sanderstead Road,
Sanderstead (Matron: Miss I.M. Bettridge) .. SANderstead 5329

Old Coulsdon Day Nursery, Bradmore Green,
Old Coulsdon(Matron: Mrs. L.C. Bryan,S.R.N.) Downland 4071

For a number of years, their policy has been only to admit the children of residents when the mother is the sole wage earner or there are health grounds including bad home conditions. Applications have to be made to the Divisional Medical Officer, 115 Brighton Road, Purley.

Owing to the limited grounds for admission, in most County Day Nurseries the number of children in attendance has declined with a correspondingly increased cost per child.

As a result, towards the end of the year, consideration was being given to the possibility of closing one or both nurseries, and it has since been decided to close the Old Coulsdon Day Nursery as from the 1st October, 1958, while the future of the Sanderstead Day Nursery is also uncertain.

In addition to the Day Nurseries, there is a County Council residential establishment for children in Caterham-on-the-Hill and two more outside the District boundary in Kenley, all of which are under the supervision of the Children's Officer.

At the present time, there are also two registered Child Minders in this Urban District where children are cared for by private arrangement, usually for about three hours daily, and 11 registered foster mothers. The number in both groups of minders varies from year to year. All are supervised by the Health Visitors or the Children's Officer.

SCHOOL HEALTH SERVICE

The basis of this service is the compulsory routine examination of all children attending the County Council's schools, at least four or five times during their school life, coupled with an annual dental inspection and an inspection each term for cleanliness, etc. of all except the most senior children by a Health Visitor. The commonest abnormalities found are visual defects, ears, nose and throat defects, and postural or foot defects.

When defects are found these are either kept under observation, or, if early treatment is needed, those concerned are referred to their private doctors or dentists. In some cases, subject to the private doctor's consent, they are referred for specialist advice or treatment; for others, special clinics are arranged, e.g. dental, eye clinics and clinics for speech therapy, remedial execises and child guidance.

Handicapped children receive very special attention, the objects being to see that they get any treatment they require and particularly to ensure that their education is adapted to their needs and is interrupted as little as possible. For certain groups, e.g. the blind, deaf and mentally sub-normal, special schools are provided but, as far as practicable, these children are brought up in a normal environment and not encouraged to think of themselves as being abnormal.

SERVICES FOR ADULTS

Since the implementation of the National Health Service Act, the curative services for all, including adults, have been more widely available, but the preventive services, other than those for the groups just mentioned, are very limited. The mass X-ray service is, of course, available to all, and there is a preventive aspect to some hospital Out-Patient Departments and treatment Clinics, e.g. the Chest Clinic and Ophthalmic Departments. Dental inspection is also encouraged, with special facilities for young adults, but of routine medical inspections there is very little apart from the military and similar services. Some hospital staffs are regularly supervised and many employees have an initial examination on appointment, which gives an opportunity for preventive advice.

It is not suggested that it would be practicable at this time to introduce routine periodical examinations for all adults, but this gap should be mentioned in a survey such as this, for, until an extension of school medical examinations can be introduced, many of the earliest signs of abnormality will remain undiscovered and the tendency will be for ill-health to have advanced too far to be reversed, before it is first noted.

MASSAGE ESTABLISHMENTS

The provisions of Part IV of the Surrey County Council Act, 1931, relating to the registration and management of massage establishments, are in operation. There are four such establishments in the Urban District.

CARE OF THE AGED

With the increasing proportion of the population who live on until regarded as aged, considerable attention has been focused on their health and welfare. Numerous Old People's Associations have been set up and the Churches, W.V.S. and Guild of Social Service also assist, their main object being to see that the aged have friends visit them and have the food and amenities they need. Special social clubs have also been organised.

The County Council has also provided one of its Homes for elderly women in Caterham-on-the-Hill and the Urban District Council has organised, through the W.V.S. a "Meals on Wheels" service for those who would benefit by the delivery of two hot meals a week. Often the Home Help Service co-operates to cover the remaining week days. Gradually more geriatric specialists are being appointed, initially to deal with the treatment of the aged sick, and the priority of admission to hospital of those who need it. Advances in our knowledge in respect of the whole problem of the ageing can be anticipated.

NATIONAL ASSISTANCE ACT, S.47 and 50

The powers given under section 47 for securing the removal of aged persons from insantiary conditions were not utilised during 1957.

Periodically border line cases occur in which the Welfare Officers seek advice, but every endeavour is made to find a satisfactory solution without resorting to compulsory powers, especially as the latter are so limited in their application.

Under section 50, the District Council is responsible for the disposal of the remains of any persons dying in the District where suitable arrangements would not otherwise be made. Locally the Clerk of the Council is responsible for making such arrangements as are required.

HEALTH EDUCATION

Constant attention is given to the opportunities for health propaganda at the Clincis and Centres in the area and during the visits made by the Health Visitors and Public Health Inspectors. In addition each year a number of talks are given by the Officers to various organisations who request their assistance. If time permitted doubtless more of these could be given to advantage.

The material supplied by the Central Council for Health Education and other bodies is extremely useful.

WELFARE SERVICES

The members of the Health Services work in close co-operation with the local representatives of the County Council's Welfare, Children's and Education Departments and such voluntary bodies as the W.V.S., Guild of Social Service, N.S.P.C.C. and Marriage Guidance Council.

The Divisional Medical Officer has become responsible for co-ordinating the activities of all concerned with "Problem Families" and children neglected in their homes, and, in addition to emergency meetings, all current cases are reviewed at quarterly case conferences.

PART 4 - ENVIRONMENTAL HEALTH

When this Country first became conscious of the possibilities of the prevention of ill-health by corporate effort, during the last century, attention was justifiably focused on the prevention of infectious disease, mainly by the improvement of the environment of the inhabitants. The housing conditions in general were very poor, sewerage was terribly deficient, the standard of cleanliness was low with infestations of persons and property very common, while food hygiene was almost non-existent.

During the period 1875 to 1925, great strides were made in eradicating the grossest hygienic deficiencies, but, although attention in this century has gradually turned to improving our personal health by direct means, such as individual examination and treatment, health education and immunisation, progress is still possible and desirable in improving still further our surroundings, and the steps now being taken will be gathered from the remainder of this section.

THE WORK OF THE PUBLIC HEALTH INSPECTORS

The chief responsibility for ensuring improvement in our environment has rested upon a full time qualified inspectorate whose duties are laid down by statute. This District employs three such Inspectors, helped by several comparatively unqualified assistants, and the Chief Inspector submits an annual report on their activities.

In order to avoid duplication, the remainder of this Section will be aimed at dealing with the main problems in a general way, leaving the detailed statistics of the work done during 1957 to the Chief Public Health Inspector's report, which follows this Part.

The work of the Inspectors has gradually altered, and their title was changed in 1956 from "Sanitary" to "Health", the old word "sanitary" having also changed in meaning over the years. They are occupied less now in detecting and improving defective sanitary arrangements, though such work remains among their statutory obligation, but devote more time to health education in its practical aspects.

Their activities are, however, frequently prompted by the receipt of complaints, directly or indirectly, and on P.37 will be found a summary of those received in 1957, followed by lists of the visits they paid and some of the statistical results.

Compliance with public health requirements are now normally enforced by verbal requests or "preliminary notices" served on the responsible persons. If necessary, however, they are followed up by the service of Statutory or Legal Notices, Court proceedings being the final means of appeal in a decreasing proportion of cases, thanks to a more general acceptance of the value of these preventive measures by public opinion.

HOUSING

There are a number of ways in which housing influences the health of the public.

First there is the question whether there are sufficient houses to meet the needs of residents. If there are not, and for a variety of reasons this is the present position, the problems of how to provide more rests with the Council through its Housing Committee and with private builders. The Health Committee is also very interested because too few houses means overcrowding somewhere, and this can have a bad effect on health, not only by increasing the risk of spread of airborne diseases, but by provoking mental ill-health owing to clashes in the family and between families, to disturbed rest, increased noise and lack of the privacy which everybody needs if they are to be able to relax or concentrate and think.

Since the war the Council has caused 863 houses to be built, while private builders have erected 1,045. Latterly, the Council's contribution has decreased steadily, and in 1957 they only saw eight completed compared with 179 erected by private builders. Chief among the reasons for the slowing down of Council building is the relatively small amount of land which is thought suitable for Council house building.

Parallel with this problem of more housing units, is that of the fitness of the existing accommodation. The Public Health Inspectors are interested to ensure not only that gross defects like dampness are remedied but that the structure is well maintained, and, as far as possible, that modern amenities like adequate hot and cold water supply, proper drainage, separate bathrooms and indoor sanitary accommodation are available.

Clearance of Unfit Houses

When properties are so old or defective, that they cannot be made reasonably fit for human habitation at reasonable expense, steps are taken to see that they are not inhabited and normally that they are pulled down. In a survey made in 1955, however, it was thought that only 150 needed to be dealt with in this way in the next 5 - 7 years, and although a few more have since been added to the list, it will be seen that the clearance of unfit houses locally is relatively not a major problem, although nationally it is quite the reverse. In the Chief Public Health Inspector's report and Appendix, will be found facts as to the progress made in 1957 in demolishing these unfit buildings, which will, incidentally, give a welcome opportunity for progressive planning of new structures to accommodate those residents who are displaced and, it is hoped, better utilisation of the land for the advantage of other residents who need to be found housing accommodation.

Overcrowding

Facts are also given on the numbers found to have been living in 'overcrowded' conditions as judged by the present legal standards. It should not be forgotten, however, that these standards are very low and that the statistics give a very incomplete picture of the situation.

The Rehabilitation of Houses

Possibly even more important than the clearance of unfit houses is preventive action to ensure that the remaining older houses in the District do not get into such a bad state as to be only fit for demolition.

One measure which aimed at this was the introduction of a system of 'Improvement Grants' which Local Authorities can make within certain limits towards the provision of modern amenities. Unfortunately but little advantage has been taken of this provision.

Another is the indirect outcome of the Rent Act 1957, in that in return for the higher rents which will become permissible in the future, many owners are giving undertakings to carry out restoration work to a reasonable standard. The Inspectors, who have previously been handicapped in their encouragement of the maintenance of older properties by the Rent Restriction Acts, will doubtless be watching keenly the outcome of this recent legislation, which all must surely hope will be successful in this respect.

CAMPS

So-called 'temporary housing accommodation' such as the caravan site in Warlingham, has caused much heartburning in that they provide varying degrees of substandard housing of a retrograde type, which should not be permitted to continue any longer than can be helped, unless solely for week-end use. No site of any sort should be permitted to be a menace to the health of residents generally or the occupants, and should be as little of an eye sore as is practicable.

SCHOOLS

As the Council is represented on the Divisional Education Executive, and your Medical Officer of Health and his Deputy are responsible for the local administration of the School Health Service, such opportunities as present themselves are taken of improving the local schools and their equipment, while close liaison exists between the Health, Education and Welfare Services in the interests of the children. Very gradually improvements are being made each year especially in the older schools. The public water supply is available at all the local schools and all have a water carriage system. Only two are not connected to the sewers.

The Head Teachers are advised on school exclusions in an attempt to reduce the spread of infectious diseases, while cases who they know to be suffering from communicable diseases are notified to the Medical Officer of Health. Direct assistance continues to be given during outbreaks by the Health Visitors.

SHOPS, FACTORIES, WORKSHOPS, ETC.

As far as possible, inspections are made of the sanitary accommodation, washing facilities, heating and ventilation of shops and offices and improvements are effected as circumstances permit. Surveys are also carried out to see that the requirements of the Shops Act are complied with in respect of the conditions under which work is carried on, and to observe the hours of employment of young persons, the legislation with regard to which can be found in the Young Person (Employment) Act, 1938.

Factory legislation similarly provides that Local Authorities shall enforce provisions relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors in factories which do not use mechanical power, together with the provision and maintenance of adequate and satisfactory sanitary conveniences in all factories.

Reference should be made to Table V in the Appendix and the report of the Chief Public Health Inspector with regard to current work under these heads.

ALLIED LEGISLATION

The Pet Animals Act 1951 and the Heating Appliances (Fireguards) Act 1952 are administered locally by the Public Health Inspectors as they relate to the preservation of health in and through particular trades.

DRAINAGE, SEWERAGE AND PUBLIC CLEANSING

The sewers from this District, which were only extended in 1957 to make provision for the drainage of new estates, convey the sewage to the Croydon and East Kent sewers for eventual disposal. Additional sewers are required in Caterham, Chaldon and Woldingham and in 1944 the Council approved in principle schemes then estimated to cost over £88,000. During 1957 no further steps were taken

towards extending the sewers at Chaldon pending a solution being found to the "Purley Flooding" problem, which is only slowly being resolved.

It would be expected that a District such as this would ensure that all but the most isolated of its properties would be connected to public sewers and that reliance would not be placed on a cesspool emptying service, which latter is reported on by the Chief Public Health Inspector. As it is, there are relatively few pail closets in use in the remote parts of this District, but very many more cesspools we would like to see abolished.

The collection and disposal of house refuse is carried out by the Engineer & Surveyor's Department in this District and a weekly collection is normally maintained.

During 1957 tipping was continued at a site adjoining, and in part in the Godstone Rural District, in association with the British Electricity Authority, who provided an ample supply of ash as cover. Attention continued to be given to the measures being taken to avoid cause for complaint about this tipping.

RIVERS AND STREAMS

There are no rivers in the District and the only water course normally requiring attention is that of the Bourne, which periodically rises above ground level along Caterham Valley through Whyteleafe and into Kenley and Purley. For a good proportion of its course, it is culverted and surface water flowing into this occasionally necessitates clearance operations.

CLEAN AIR

Smoke emanations from the relatively few factory chimneys do not present a major problem.

During the year consideration was given to the implications of the Clean Air Act 1956 and the Council decided not to declare any part of the District a Smoke Control Area at present. No decision had been reached at the end of the year with regard to the introduction of byelaws requiring the provision in new buildings of appliances capable of burning smokeless fuels. Such provisions will undoubtedly be required in the future as part of the national attempt to purify the atmosphere.

PESTS

As rats and mice in particular can not only spread disease, but invariably are very destructive and a cause of annoyance, persistent efforts are made towards their eradication. Surrounded as this District is by agricultural and other open spaces, which provide innumerable hiding places, complete success can never be expected, but the degree of success achieved in keeping the built up parts of the District comparatively free of infestation can be judged by the report of the Chief Public Health Inspector, in which any activity required to eliminate flies and any other vermin will be mentioned.

SWIMMING BATHS

Swimming baths which are used by the public can provide an opportunity for the spread of various diseases if the condition of the water does not receive adequate attention, hence the Inspectors supervise them constantly during the periods in which they are in use.

There is no swimming bath in the District which is owned by the public, but there is one to which the public is admitted on payment, another owned by a School and a third belonging to a Social Club. All are used quite extensively.

During 1957 two satisfactory samples of the water were obtained from the first mentioned bath. All of these baths are equipped with filters and chlorination plants, and there has been no evidence that the use of these baths has resulted in any ill-health.

SUPERVISION OF THE FOOD SUPPLY

Since their institution, one of the most important aspects of the work of the Public Health Services has been to give constant attention to our food supplies. Obviously it is essential that all food should be of good quality and adequate in quantity to maintain nutrition, while its condition should not be such as to provoke ill-health or spread disease.

The latter is especially apt to occur through the medium of certain sorts of food stuffs and as a result, considerable legislation has been introduced with regard to them. In order of their importance and the universality of their use, they are somewhat as follows:-

Water

The water supply for this District, which is constant, is obtained from the East Surrey Water Company which has works and resources in neighbouring areas. The supply is lime softened, mainly to reduce the amount of soap needed in washing and the "furring" of the water pipes, and chlorinated to kill any harmful germs which, in spite of every effort, have entered the water. Throughout 1957 the supply was satisfactory both in quality and quantity.

By an arrangement with other Districts receiving this supply, samples of the water going into supply are submitted for bacteriological examination quarterly in accordance with an agreed rota, the results being circulated. The Company also similarly examines samples daily. All the results of the samples so taken were satisfactory during 1957.

A copy of a report on the chemical examination of a typical sample taken during 1957 can be obtained on request.

All dwelling houses provided with the Company's water have the supply within the premises, and standpipes are non-existent. Only 10 dwellings (approximately 0.1%) in an undeveloped rural section of the District are without a public water supply and the cost of extending the water main to these properties is not regarded as reasonable by the Council.

Samples are also taken when considered desirable from a variety of other sources and during the year attention was again given to the supply to St. Lawrence's Hospital, which is from their own deep well, in co-operation with the Laboratory Service of the London County Council.

Rainfall

It appears opportune to record here that the rainfall registered at Caterham at Station No.83/5, was 30.92 inches in 1957. The monthly totals throughout the year were as follows:-

	Inches
January	2.84
February	4.63
March	1.66
April	0.25
May	1.86
June	1.58
July	3.45
August	2.73
September	3.26
October	2.22
November	3.39
December	3.05

Milk

As this food is widely consumed, and particularly by young children, and is an ideal medium for the rapid multiplication of most harmful germs which get into it, its production, storage and delivery are very closely supervised. The Ministry of Agriculture, Fisheries & Food deal with its production but the Local Authorities are responsible for the sanitary arrangements on the farms and the condition of the milk after it leaves them.

Gradually the condition of the cattle in this Country has been improved and the sale of milk from unhealthy or doubtful herds is being eliminated. Since October 1954 the only untreated milk which is allowed to be sold in this District (which is now termed a "Specified Area") is that obtained from herds which have undergone special tests to ensure they are free from tuberculosis. Milk can be treated by 'pasteurisation' which involves heating in a very special manner, or 'sterilised' by more extreme heating, both processes aiming at the destruction of any harmful germs therein.

If sections of the Chief Public Health Inspector's report dealing with 'Milk' and the 'Analysis of Food & Drugs' are perused, the present method of approach to ensure safe, undiluted milk can be deduced.

Ice Cream

The reasons why this commodity also receives such close attention are very much the same as for milk. Fortunately the tendency is for almost all ice cream sold locally to be produced by the large firms, who have the use of very efficient equipment and can employ specialist staff.

Meat

In the case of meat, care has to be taken to make sure that the animals are slaughtered humanely and hygienically, while as no bulk sampling is practicable, the carcases need to be inspected individually to detect whether the animal has suffered from any disease. If there is evidence of this, steps are taken to see that all or part of the carcase is not consumed by man.

FOOD AND DRUGS

Food and drugs generally are dealt with under special legislation by the Food and Drugs Authorities, of which this Council is one, to ensure that they are of the requisite substance, nature and quality. Details are given later of the very varied samples taken for examination by the Public Analyst, milk samples being the most numerous as milk can so easily vary in quality.

FOOD HYGIENE

Nationally special attention has been given in recent years to improving the standard of food hygiene in general, particularly as a result of the increase in communal feeding during and since the war, at canteens, schools, restaurants, etc. Since 1955 new Regulations have been introduced whereby higher standards can be required in respect of premises, equipment, staffing and conduct. Public opinion has become aroused as to the need for this and considerable progress is being achieved.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

To The Chairman and Members of the Urban District Council of Caterham and Warlingham.

Madam Chairman, Ladies and Gentlemen,

I submit my 27th Annual Report.

COMPLAINTS

550 complaints, as under, were received:-

Re drainage and sanitary defects	...	184
" housing defects	...	40
" rats and mice	...	162
" insect pests	...	68
" foodstuffs	...	15
" nuisance from refuse	...	23
" nuisances from the keeping of animals	...	13
" dirty premises	...	5
" other nuisances	...	20
" alleged overcrowding	...	8
" water supply	...	1
Miscellaneous	...	11
		550

This total is 59 less than the figure for 1956

INSPECTIONS

The following table sets out the visits made by Public Health Inspectors during the year:-

Primary Inspections of premises	...	376
Re-inspections after service of notices	...	1168
Visits to Work in progress	...	299
" " Caravans or camping sites	...	53
" " Factories (excluding Bakehouses and Dairies)	...	201
" " Workplaces (including Offices)	...	13
" " Bakehouses	...	37
" " Dairies	...	54
" " Slaughterhouses	...	407
" " Butchers' Shops	...	127
" " Fish Shops (including Fishfryers)	...	108
" " Greengrocers	...	92
" " Grocers and Provision Shops	...	185
" " School Canteens, Licensed Premises, Ice Cream Premises and other food preparing places, food stores and food delivery vehicles	...	196
" " Public conveniences and those of Licensed Premises	...	39
" " Refuse Tips and Salvage Depot	...	38
" " Piggeries	...	10
" " Hairdressers' and Barbers' Premises	...	40
" " Swimming Baths	...	15
" " Shops under Shops Act	...	257
Patrols under Shops Act	...	73
Visits re Certificates of Disrepair	...	73
" " Clean Air	...	19
" " Overcrowding	...	24
" " Rodent Control	...	154
" " Insect Pests	...	55
" " Infectious Diseases	...	140
" " Health Education Publicity	...	7
" " Cesspool Emptying	...	144
" for Food and Drugs sampling and re complaints re food	...	238
" re Water supply	...	25
" " Heating Appliances (Fireguards) Act, 1952	...	9
Miscellaneous	...	370
		5046

SANITARY IMPROVEMENTS

The following improvements were carried out:-

Premises re-drained or partly re-drained	...	6
Defective drains relaid or repaired	...	28
Cesspools abolished and premises drained to public sewer		6
Cesspools renewed, enlarged or repaired	...	2
Soakaways provided for rain and surface water	...	5
Drains unstopped and cleansed	...	154
Inspection chambers provided or repaired	...	28
Inspection chamber covers renewed	...	12
Inspection chamber covers sealed	...	23
Ventshafts or soilpipes provided or repaired	...	3
Sanitary accommodation provided on building sites	...	11
New W.C. apartments provided	...	1
W.C.'s provided with new pans and traps	...	9
W.C. fittings provided, repaired or renewed	...	9
New sinks, washbasins or baths fitted	...	7
Trapped waste pipes provided or repaired	...	9
Curbs and channels to sink waste gullys repaired or renewed		8
Water service pipes repaired	...	5
Chimney stacks repaired or renewed	...	17
Roofs repaired or renewed	...	39
Guttering or downpipes provided or repaired	...	26
Damp walls remedied	...	32
External walls repaired	...	16
Internal walls repaired	...	3
Yards paved or repaired	...	16
Footpaths paved or repaired	...	5
Steps provided or repaired	...	7
Floors repaired or renewed	...	25
Windows repaired or renewed	...	81
Additional light and ventilation to rooms provided	...	10
Doors repaired or renewed	...	19
Stoves repaired or renewed	...	7
Ventilated food store provided	...	2
Wall plaster repaired	...	26
Ceilings repaired or renewed	...	10
Dirty walls cleansed	...	20
Dirty ceilings cleansed	...	13
Dustbins provided	...	89
Nuisances from refuse or manure abated	...	12
Nuisances from animals abated	...	2
Dirty premises cleansed (Occupier's neglect)	...	1
Miscellaneous defects remedied	...	176

Additional improvements secured at food premises are shewn on page 47.

NOTICES

Informal:

Issued	327
Complied with	345 *

Statutory:

S.24 Public Health Act, 1936 - Maintenance of sewers at expense of Owners.

Served	8

The requisite work on the common pipeline draining eight properties was executed by the Council. The costs incurred (£46. 19s. 9d.) were apportioned equally between the eight owners concerned and were recovered.

S.75 Public Health Act, 1936 - Provision of Dustbins

Served			8
Complied with	(i) by Occupier	6	
	(ii) by Council in default of Occupier	2	8

S.93 Public Health Act, 1936 - Nuisances

Served		1
Complied with by Owner		2 *

S. 9 Housing Act, 1936 - Repair of Houses

Served			2
Complied with	(i) by Owner	2*	
	(ii) by Council in default	1	3

* includes notices served in previous year

HOUSING

A summary of the work done by the Public Health Inspectors is set out in (B) of Table VI in the Appendix.

Nos. 1 - 10 Woodville Place, Caterham, declared a Clearance Area in 1956, were demolished in 1957. Another Clearance Area, comprising Nos. 76 - 82 Godstone Road, Whyteleafe, was purchased by the Council with a view to the demolition of the houses and rebuilding on the site. Nos. 371/3 Limpsfield Road, Warlingham, closed by the owner in 1954, were demolished.

A Demolition Order was made in connection with No. 187 Westhall Road, Warlingham.

The huts in Birchwood Lane, Chaldon, which sheltered a family of four in 1956 and which were referred to in my Report for that year, were again occupied as a dwelling in August 1957. Formal action was then taken under the Housing Act 1957 and Undertakings were given by the Freeholder and Leaseholder and accepted by the Council that this hutted accommodation would not again be used for human habitation until the Council are satisfied that such accommodation has been rendered fit for the purpose and cancel the Undertakings.

The Undertaking, given in respect of No. 114 Croydon Road, Caterham, after the service of notice under Section 11 of the Housing Act 1936 and accepted by the Council 1953, had not been implemented by the end of 1957. Difficulties in connection with the rehousing of the occupants, which have increased from one to four, have yet to be resolved.

The owner of one dwelling lodged an appeal with the County Court against a notice served under S.9 of the Housing Act 1936, but the appeal was subsequently withdrawn and the property was made fit for habitation.

Four dwellings were repaired by owners after formal procedure - two under the repairs sections of the Housing Acts and two under the Public Health Act 1936. A flat was repaired by the Council in default of the owner after the service of notice under Section 9 of the 1936 Act; the recoverable expenses incurred amounted

to £34. 9s. 6d. Eighty one houses were rendered fit in consequence of informal action. In addition, a few houses were repaired as a result of action under the provisions of the Rent Acts.

The use made of the Rent Acts to secure the repair of houses is shewn in Table VIIin the Appendix. The changed procedure for the issue of Certificates of Disrepair makes a very involved system. The low figures in Table VIImay well indicate the difficulties which many tenants experience in listing the defects in their houses. One tenant, however, stated on his Form G that a bath was urgently needed for 2 adults and 5 children; unfortunately the service of Form G appeared to prejudice the result of later discussions with the landlord's representative regarding the provision of a bathroom under the Improvement Grants Scheme. Another tenant classified the provision of electric light as a defect of repair. On appeal by the Landlord, two of the Certificates issued by the Council have been amended in the County Court, the landlord succeeding in shewing that the tenants themselves were responsible under their leases for the repair of certain items.

I am advised that twenty-five applications, involving twenty-nine dwellings for grants under the Improvement Grants scheme, were approved by the Council during 1957. In this district, the grants are restricted to the provision of bathrooms and domestic hot water supplies in dwellings where such facilities are non-existent.

Four properties, which the Council had agreed to purchase, repair and improve, had not been acquired by the end of the year. There continues to be a considerable lapse of time in negotiating the purchase of such properties, rehousing the tenants and then effecting the requisite reconditioning. Two dwellings, Nos. 54 and 56 Cromwell Road, Caterham, which were acquired in 1955, were reconditioned and improved during 1957.

No progress was made in 1957 regarding the future user of the empty flats, acquired by the War Department, in The Grove. In the meantime, this accommodation, which, in my opinion, is capable of repair and improvement to some extent at a reasonable cost, and which it may be in the interests of the nation to preserve, remains empty and deteriorates.

The 'temporary' camping site of about two acres at Warlingham, used for the past eleven years as an emergency housing site, was occupied throughout the year by not less than fifty caravans. Consultations have taken place between the owner and his adviser and officers of the Urban District Council and County Council with a view to improving conditions at the site.

CESSPOOL EMPTYING

Motor emptiers, as under, were used for pumping out the contents of cesspools during 1957:

Vehicle	Purchased	Used
One 800 gallons emptier	August 1951	Whole of year
One 800 gallons emptier	January 1950	Whole of year
One combined Gully/800 gallons cesspool emptier	June 1946	Occasionally - only 28 loads were removed by this machine.

The work done by the three emptiers is given below, together with comparative figures for other years:

Area	1957 Loads	1956 Loads	1955 Loads	1939 Loads	1938 Loads	1937 Loads
Caterham	224	230	182	178	464	274
Warlingham	173	158	111	239	127	169
Chaldon	3,004	2,873	2,821	822	783	820
Woldingham	2,301	2,142	1,956	1,077	1,224	1,017
	5,702	5,403	5,070	2,316	2,598	2,280

This table shews a further increase in the work of cesspool emptying. 126 premises were visited by an emptier 12 or more times during the year and the cesspools at 28 of these premises were emptied 20 or more times. On 37 days of the year, there were over 30 applications for emptying awaiting attention, but caustic comments and threats were seldom received.

The demand for cesspool emptying service continues to increase and is met by the employment of the staff in what should be their leisure hours at 'overtime' rates of pay.

SUPERVISION OF FOOD

Slaughterhouses

There are three slaughterhouses in which animals are slaughtered for human consumption. One, belonging to the South West Metropolitan Regional Hospital Board, is used exclusively for the supply of meat for the Board's hospitals; two other slaughterhouses are privately owned and are licensed annually by the Council. These slaughterhouses are systematically inspected and many visits are paid at times of slaughtering.

Arising from the unremitting attention given by Public Health Inspectors, the slaughterhouses have been improved from time to time. The Hospital Board's slaughterhouse was improved in 1956 at a cost of several hundred pounds. On the whole, the proprietors of the private slaughterhouses take reasonable care of and endeavour to improve their premises, but it is now obvious that very old premises cannot be adapted to reach the proposed Ministry of Agriculture, Fisheries & Food minimum standard for the construction, layout and equipment of slaughterhouses. A decision regarding the continuance of facilities for private slaughtering in this District cannot now be long delayed.

Although a butcher, provided he gives the requisite notice, may slaughter at any time he likes and it is the responsibility of the Public Health Inspector to examine the meat within periods allowed by Meat Regulations made over 30 years ago, there was little late slaughtering in the district in 1957, but slaughtering took place on Good Friday. Control of times of slaughtering is long overdue.

The Inspectorate performed certification duties at the two private slaughterhouses where a Meat Grader was not available for this work. 410 carcases were examined and weighed, 407 pigs being certificated and 3 being rejected. During the year the Ministry of Agriculture, Fisheries & Food reviewed the extent of certification carried out on its behalf by Public Health Inspectors under the provisions of the Fatstock Guarantee Scheme and decided that the little use made of one of the local slaughterhouses had resulted in the uneconomical use of the Ministry supervisory and auditing staffs and withdrew as from September 23rd their approval of the centre.

Licenses to eight slaughtermen to slaughter cattle, sheep, pigs and goats were renewed for 1957. The humane killer specified in each licence was the captive bolt pistol.

Meat inspected and condemned at slaughterhouses:

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Goats	Horses
Number of Animals killed	211	33	241	440	917	2	-
Number of carcases inspected	211	33	241	440	917	2	-
All diseases except Tuberculosis and Cysticerci							
Whole carcases condemned	-	-	-	-	1	-	-
Carcases of which some part or organ was condemned	34	14	-	4	64	-	-
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	16.1	42.4	-	0.9	7.1	-	-
Tuberculosis only							
Whole carcases condemned	-	-	-	-	1	-	-
Carcases of which some part or organ was condemned	4	-	-	-	8	-	-
Percentage of the number inspected affected with Tuberculosis	1.9	-	-	-	0,98	-	-
Cysticercosis							
Carcases of which some part or organ was condemned	2	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	2	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-	-
Weight of meat condemned	7 cwt. 2 qtrs. 20 lbs. 8 ozs.						

Examination for Cysticercosis, a parasitic condition of beef, has for many years been part of the inspection technique of Public Health Inspectors; but prior to 1957 cysticerci had not been detected in bovines slaughtered locally. Cysticercus bovis does not appear to be as common here as in other parts of the country.

Wholesale Depots, Retail Shops and Canteens

Meat and other foods condemned as unfit for human consumption at food premises other than slaughterhouses:

Meat	Beef	...	14 lbs. 5 ozs.
	Mutton	...	64 lbs.
Fish	Skate	...	3 stones

Canned Meat

Corned Beef	...	25 tins	87 lbs. 0 ozs.
Ham/Ham & Chicken	...	4 tins	23 lbs. 10 ozs.
Luncheon Meat	...	41 tins	45 lbs. 12 ozs.
Pork	...	7 tins	73 lbs. 10 ozs.
Tongues (Ox & Sheep)	...	2 tins	18 lbs. 12 ozs.
Other Canned Meat	...	30 tins	10 lbs. 14 ozs.

Other Canned Food

Cream	...	2 tins	10 ozs.
Fish (incl. Fish Paste)	...	29 tins	16 lbs. 10 ozs.
Fruit and Fruit Juices	...	353 tins	313 lbs. 14 ozs.
Milk	...	114 tins	210 pints
Vegetables & Vegetable Juices	...	277 tins	221 lbs. 8 ozs.

Other Foods

Egg Albumen	...	1 pkt.	7 lbs.
Jam and Marmalade	...	47 jars/tins	91 lbs. 8 ozs.
Prunes	...	1 carton	30 lbs.
Pudding (Rice - Cream)	...	1 tin	15 ozs.
Soup	...	2 tins	1 lb. 9 ozs.

Disposal of Condemned Food

For the information of the Ministry of Health, I record that condemned food is destroyed by fire and that a member of the staff sees it into the furnace.

Extraneous Matter in Foodstuffs and Food Containers

A number of incidents under this head was investigated.

A resident found several pieces of red plastic in a sliced milk loaf, and the Public Health Committee took a serious view of the negligence of the employees of the bakery concerned and issued a warning.

Only three complaints regarding the presence of foreign matter in bottles of milk were received. In two of the bottles, the deposits were composed of vegetable matter which had probably accumulated in the bottles during a long stay out-of-doors and the deposits had become so hardened as to resist ordinary washing methods. A third bottle, containing a few obvious particles of foreign matter which proved to be dried milk residues discoloured with dust and dirt, was the subject of another complaint.

One complainant alleged that a pint bottle of milk delivered to a factory canteen contained a piece of cardboard on which were written instruction to a milk roundsman.

A resident complained that the content of a soft drink was unpalatable and had an oily taste; the Analyst who examined the bottle found traces of phenol in a small quantity of beverage left in the bottle.

Some bread slices of a loaf, supplied by a London bakery, contained traces of lubricating oil.

Warnings were issued to the firms concerned, but no proceedings before the Magistrates were instituted.

MILK

The following Distributors were on the Council's Register at the end of 1957:

Distributors with premises within Urban District	... 7
Distributors with premises outside Urban District	... 4
Distributors selling milk from local shops only in sealed bottles	... 5

Milk or cream was also sold by retail from two dairy farms, the registration of which is the province of the Ministry of Agriculture, Fisheries & Food.

54 visits were made to dairies (excluding dairy farms) during the year.

The residents drink only 'designated' milk, for since October 1954 the district has been a 'Specified Area', wherein unprocessed milk can be sold only if it has been produced from a 'Tuberculin Tested' herd.

Licences

The following dealers' licences under The Milk (Special Designation)(Raw Milk) Regulations 1949/54 or The Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations 1949/53 were issued by the Council:-

Principal Licences:

Tuberculin Tested	...	7
Pasteurised	...	8
Sterilised	...	7

Supplementary Licences:

Tuberculin Tested	...	4
Pasteurised	...	4
Sterilised	...	3

Two pasteurising establishments were licensed from January 1st. One of these closed down on December 31st 1957. The processing plant was satisfactorily maintained.

Sampling

The results of tests on samples of milk taken during 1957 are shewn hereunder.

Processed Milk:

		Passed	Failed
Tuberculin Tested Milk (Pasteurised)			
Methylene Blue (to check probable keeping quality)	...	37	2
Phosphatase (to check efficiency of heat treatment)	...	39	-
Pasteurised Milk			
Methylene Blue	... ...	47	1
Phosphatase	... ...	48	-
Sterilised Milk			
Turbidity test	... ...	1	-

Raw Milk:

Tuberculin Tested Milk			
Methylene Blue	... ...	12	-

During August, an outbreak of ropiness occurred in locally pasteurised bottled milk. It was ascertained that the source of infection was the incoming milk obtained from a Tuberculin Tested herd at a farm outside the urban district. The determination of ropiness was followed by the rejection of this milk over six days until the causal organisms had been eliminated; a stringent cleansing routine was enforced at the pasteurising establishment concerned. A similar, but more serious outbreak of ropiness occurred in the same producer's milk in 1956.

ICE-CREAM

Two additional certificates of registration were issued during the year and there are now 65 premises in the urban district registered for the sale of ice-cream. Retailers obtain their supplies from well known manufacturers and most of the ice-cream sold in the district is pre-packed.

Only one registration for manufacture has been made in this district and the manufacturer concerned uses a complete cold mix.

Eleven samples examined for cleanliness by the Public Health Laboratory Service were classified:

Grade I - 9
Grade II - 1
Grade IV - 1

The cause of the unsatisfactory sample, graded IV, was found to be a defect in handling; the subsequent 'repeat' sample was graded I.

ANALYSIS OF FOOD AND DRUGS

1957 was the second full year for which the Council operated as a Food and Drugs Authority.

96 samples, as under, were submitted to the Public Analyst (Mr. D.D. Moir, M.Sc.,F.R.I.C., of 16, Southwark Street, S.E.1) for analysis:-

Articles	Number of Samples Analysed			Samples found to be Adulterated or Irregular		
	Formal	Informal	Total	Formal	Informal	Total
Almonds, Ground	-	2	2	-	-	-
Aspirin, Children's	-	1	1	-	-	-
Bay Leaves, (Dried)	-	1	1	-	-	-
Biscuits - Almond	-	1	1	-	-	-
Cinnamon, (Ground)	-	1	1	-	-	-
Cinnamon & Quinine	-	1	1	-	-	-
Coffee Powder	-	1	1	-	-	-
Colour (Synthetic)	-	1	1	-	-	-
Confectionery - sugar	-	6	6	-	-	-
Flour	-	1	1	-	-	-
Glucose, (Powdered)	-	1	1	-	-	-
Grapefruit preserve	-	1	1	-	-	-
Gravy Improver (Granulated)	-	1	1	-	-	-
Haematinic Compound	-	1	1	-	-	-
Ice Cream (Butter)	-	1	1	-	-	-
Jelly Crystals	-	1	1	-	-	-
Jelly, Table	-	1	1	-	-	-
Marmalade	-	1	1	-	-	-
Marzipan Fruits	-	1	1	-	-	-
Meat, Luncheon	-	1	1	-	1	1
Carried Forward	-	26	26	-	1	1

Articles	Number of Samples Analysed			Samples found to be Adulterated or Irregular		
	Formal	Informal	Total	Formal	Informal	Total
Brought Forward	-	26	26	-	1	1
Milk - Channel Islands	21	1	22	1	1	2
- South Devon	1	-	1	-	-	-
- Other	25	1	26	-	-	-
Milk Shake Powder	-	1	1	-	1	1
Mint, Dried	-	2	2	-	-	-
Monosodium Glutamate	-	1	1	-	-	-
Nut Oil	-	1	1	-	-	-
Olives, stuffed	-	1	1	-	-	-
Peaches, (Canned)	-	1	1	-	-	-
Pepper, White	-	1	1	-	-	-
Rice Pudding	-	1	1	-	-	-
Salt (Onion)	-	1	1	-	-	-
Sauce	-	3	3	-	-	-
Sausage - Pork	-	1	1	-	-	-
Soft Drink Powder	-	1	1	-	-	-
Suet (Beef)	-	2	2	-	-	-
Syrup - Blackcurrent Juice	-	1	1	-	-	-
- Glycerine, Lemon Oil and Honey	-	1	1	-	-	-
Tonic Tablets	-	1	1	-	-	-
Throat Lozenges	-	1	1	-	-	-
TOTAL	47	49	96	1	3	4

The average composition of the samples of milk submitted for analysis was as under:-

South Devon and Channel Islands Milk

Solids not Fat (legal standard is 8.5%) 9.0%
Milk Fat (legal standard is 4%) 4.5%

Milk excluding South Devon and Channel Islands Milk

Solids not Fat (legal standard is 8.5%) 8.7%
Milk Fat (legal standard is 3%) 3.7%

Details of non-genuine samples are given hereunder:

The examination of the sample of Luncheon Meat was made in connection with an inspection of a shopkeeper's stock of this kind of canned meat, concerning which a customer had complained. No official action was necessary.

A formal sample of Tuberculin Tested Channel Islands Milk (Farm bottled) contained only 3.30% of milk fat, whereas the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, require that all milk for human consumption sold as Channel Islands, Jersey, Guernsey or South Devon milk shall contain not less than 4% by weight of milk fat; thus the sample was 17% deficient in milk fat. The Producer/Retailer concerned, who had been cautioned in 1956 regarding a 2% deficiency in milk fat, was warned that the Public Health Committee would have no hesitation in instituting a prosecution if further samples revealed a contravention of the Regulations. It is understood that the County Agricultural Advisory Service was consulted by the farmer, and, although the outcome of the investigation was not divulged to this department, the sale of Channel Islands milk as such was discontinued.

The irregular informal sample of Channel Islands milk was a bottle of pasteurised Channel Islands milk in which particles of foreign matter, consisting of dried residues discoloured with dust and dirt, were found.

The irregularity of the milk shake powder comprised an infringement of the Labelling of Food Order; the label was subsequently changed to comply with the Order.

FOOD HYGIENE

There are 246 food premises in this district, namely, 9 Bakehouses; 22 Butchers' Shops; 30 Cafes, Snack Bars and School Canteens; 26 Public Houses, Clubs and Hotels; 57 Confectioners' Shops; 1 'registered' Dairy; 12 Fish Shops; 28 Fruiterers' and Greengrocers' Shops; 58 Grocers' and Provision Merchants' Shops; and 3 General Stores.

Premises registered under S.16 of the Food and Drugs Act 1955 are as under:-

For manufacture, sale and storage of ice-cream	1
For sale and storage of ice-cream	65
For preparation or manufacture of sausages or preserved foods	45
	111

108 visits were made to registered food premises and 282 visits to non-registered premises. During these visits, the Public Health Inspectors come into personal contact with food traders and food handlers; developments in hygiene, as they affect the manufacturer and/or storage of the foodstuffs concerned, are propagated by chats on the spot. With few exceptions, the standard of hygiene in local food premises continues to be good, but all such premises do not yet comply with the requirements of the Food Hygiene Regulations of 1955. These Regulations became operative during 1956 and the food traders were supplied with an Abstract of their provisions. 166 contraventions of the regulations were found; 62 of these and 79 of those found in the previous year were satisfactorily attended to during 1957.

The following improvements (not included in the table of sanitary improvements set out on page 38) were secured at food premises:

Walls and ceiling plaster repaired ...	5
Floors repaired ...	2
Floor coverings renewed ...	2
"Wash Hands" Notices provided ...	13
Towels and/or soap provided ...	3
Artificial lighting to W.C's provided ...	14
Sinks or wash basins provided ...	13
Hot water supply provided ...	19
First Aid outfits provided ...	10
Equipment and Fittings cleansed or repaired	15
Nail brushes provided ...	11
Dirty walls cleansed ...	17
Dirty ceilings cleansed ...	15
Accumulations of rubbish removed ...	3
Dustbins provided ...	5
Miscellaneous ...	17

In addition, many improvements have been undertaken voluntarily by food traders in their efforts to comply with the Regulations, and these are not included in the above list. Some of the improvements are costly; the most noticeable are the refrigerated display cabinets, which are now installed at many food premises.

Under a penalty of £100 and imprisonment for 3 months, a food handler may not smoke while he handles 'open' food or is in a room containing 'open' food. Six cases of smoking by food handlers when engaged in the handling of food were noticed by the Inspectorate during the year and cautions were given. Warnings were also given in connection with nine instances of food being exposed to contamination and regarding one case of unsatisfactory personal cleanliness.

DESTRUCTION OF RATS AND MICE

The year's work is summarised hereunder:-

Surface Infestations

Number of complaints received	... 162
Number of complaints investigated	... 162
Number of independent investigations made	... 468
Number of premises found to be infested	
(i) by rats	140
(ii) by mice	47
Number of premises treated and cleared	
(i) by Local Authority's operators	169 *
(ii) by Occupiers	9

* includes infestations found in 1956

Minor infestations were found at one of the Council's disused Refuse Tips and at the Salvage Depot.

No 'major' or 'resevoir' infestation occurred.

The Department's destruction service was again used by the County Council in respect of their properties in this district.

Sewer Infestations

By agreement with the Infestation Control division of the Ministry of Agriculture, Fisheries and Food, the routine annual 10% testing of sewers was again modified in 1957; in April 65 manholes in the Caterham-on-the-Hill and Whyteleafe areas were test-baited and 6 'takes' were recorded in the Whyteleafe area.

Two 'maintenance' treatments (one in May and one in November/December) were subsequently carried out. In treatment No.1 ten manholes were pre-baited, resulting in 10 pre-bait 'takes' and 10 poison bait 'takes'. In the second maintenance treatment, a mould inhibitor, which allowed the treatment to extend over a period of three weeks, was used; 21 manholes were pre-baited, but there were no poison bait 'takes'.

FACTORIES ACTS 1937 & 1948

The Council's responsibilities under Factory legislation are set out this year in the report of the Medical Officer of Health. The Public Health Inspectorate, which is not mentioned in this legislation with the exception of Her Majesty's Inspectors being empowered to take a Public Health Inspector with them when inspecting factories, made 219 visits to factories and workplaces. A summary of results of such inspections is set out in Table V of the Appendix on page 55. There is co-operation with H.M. Inspector of Factories who receives annually a list of premises on the Council's register.

CLEAN AIR

As the residents of this District enjoy an atmosphere not grossly polluted by smoke, the coming-into-force of the provisions of the Clean Air Act 1956, appears to have passed almost unnoticed. The Public Health and Town Planning Committees considered reports on these provisions and the Council agreed that there was no need to explore the desirability of establishing a local smoke control area. No steps were taken in 1957 to make a Byelaw under the Act to ensure that domestic appliances in new buildings are capable of burning smokeless fuel or otherwise capable of smokeless operation, but after further consideration of the position early in 1958, the requisite byelaw was adopted.

In April 1957, the Public Health Committee accepted an invitation for the Council to be a member of the London and Home Counties Clean Air Advisory Council, whose main functions are of an advisory and consultative nature in relation to the elimination or reduction of atmospheric pollution within its area.

One application regarding the installation of a new furnace was received pursuant to S.3(2) of the Act and was approved.

Most of us are addicts to coal burning, but it is well to remember that the consumption of coal in the grates of dwelling houses is responsible for much of the smoke in the atmosphere. Section 1 of the Act enacts that "dark smoke shall not be emitted from a chimney of any building, and if, on any day, dark smoke is so emitted, the occupier of the building shall be guilty of an offence". No fireplace has yet been designed which can burn coal without smoke and there are excuses in the Act for occupiers of dwelling-houses if they can prove that the issue of dark smoke from their chimneys was due to lighting up a cold fireplace or that failure occurred in the apparatus or that suitable fuel was unobtainable.

SHOPS ACT, 1950

YOUNG PERSONS (EMPLOYMENT) ACT, 1938

At the end of 1957 there were 402 shops on the Register. The following visits were made:

Inspections	215
Re-inspections	42
	257

Patrols were carried out as under:

On Sundays	3
During afternoon of early closing day	57
During evenings	13
	73

The following contraventions were dealt with:

Shop open for business on early closing day		2
Absence of sufficient sanitary accommodation		2
Absence of statutory notices, forms or records:		
Closing Declaration	10	
Assistants' weekly half-holiday notice	8	
Notice specifying the daily hours to be worked by young persons	2	
Mixed shop notices	5	
Seats for female shop assistants	3	28
		32

Warnings were issued regarding the unauthorised opening of shops on the afternoon of the Early Closing day. Compliance with a request for the requisite sanitary accommodation at one shop was made in 1957; in the case of the second shop, provision of accommodation is held up pending the shopkeeper's negotiating to obtain possession of living accommodation over the shop.

The Council made an Order for the suspension of the operation of the provisions of the Act relating to General Closing Hours and of the Council's Early Closing Orders during the Christmas season, namely from December 18th to 24th but excluding Sunday, December 22nd.

The Act was recently criticised by the Lord Chief Justice as "unfair to the shopkeeper, unfair to the inspectors who have to do their best to carry out the Act and not altogether fair to Magistrates who have to try to interpret it". Complaints are infrequent, and so it appears that it is appreciated that the Inspectorate does its best to secure compliance with the provisions of this Act.

PET ANIMALS ACT, 1951

One application for the renewal of licences to keep Pet Shops was granted. At the premises concerned the provision made as regards accommodation, cleanliness, attendance and food and drink was satisfactory, and no infringement of the licensing conditions was found.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

Nine visits were made to business premises in connection with the above Act, but no contravention was found.

DISINFECTION

Rooms sprayed or fumigated	...	33
Library books fumigated	...	235

DISINFESTATION

Rooms treated to destroy flies	...	4
Rooms treated to destroy bugs	...	3
Rooms treated to destroy moths	...	3
Rooms treated to destroy cockroaches	..	1
School Canteens/Kitchens treated to destroy flies (routine annual spraying to provide prolonged insecticidal effect on treated surfaces)	...	9
Wasps' nests destroyed	...	45

STAFF

No serious changes in indoor or outdoor staff occurred during 1957, but one clerical assistant who left in May could not be replaced until mid August.

In conclusion, I record my appreciation of the services rendered by members of the staff in 1957.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

JOHN J. CARDEN

Chief Public Health Inspector

August, 1958
C/ALL/EJW

TABLE I

THE URBAN DISTRICT COUNCIL OF CATERHAM AND WARLINGHAM

1 9 5 7/8

Public Health Committee

Chairman: Councillor Mrs. K.M.C. Sims

Vice-Chairman: Councillor P. Blair, F.R.G.S.

Councillor H.W. Dailey, C.C.
Councillor A.H. James
Councillor W. Howes
Councillor H.C. Swan, C.M.G.,O.B.E.
Councillor G.R. Ibbotson
Councillor G.H. Thaine

Ex-officio: Councillor A.H. Bartley, J.P.

Public Health Department

STAFF:

Medical Officer of Health

* F.R. Edbrooke, M.B.,Ch.B.,D.P.H.

Deputy Medical Officer of Health

* T.R. Bennett, M.R.C.S.,L.R.C.P.,D.P.H.

Chief Public Health Inspector

ø John J. Carden, M.A.P.H.I.,A.R.S.H.

Senior Public Health Inspector

ø F.R. Allerton, M.A.P.H.I.

District Public Health Inspector

ø J.A.E. Jones, M.A.P.H.I.

Rodent Officer

J. Thrumble

Senior Clerk

A.H. Hadlow

Clerks

Miss C.A. Bohren
Mrs. S. Palmer (Resigned 31.5.57)
Mrs. E.J. Weller (From 19.8.57)

* (Part-time appointment only to this Council)

ø Certificate for Inspectors of Meat and Other Foods.

TABLE II

DEATHS OCCURRING DURING THE YEAR 1957

Cause of death	Males	Females	Total	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and over	Unknown
Respiratory tuberculosis	1	1	2	-	-	-	-	-	1	-	1	-
Other tuberculosis	1	-	1	-	-	-	1	-	-	-	-	-
Syphilitic disease	1	-	1	-	-	-	-	-	-	-	-	1
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, stomach	3	2	5	-	-	-	-	-	1	1	3	-
Malignant neoplasm, lung, bronchus	8	3	11	-	-	-	-	-	-	4	7	-
Malignant neoplasm, breast	1	6	7	-	-	-	-	-	1	4	2	-
Malignant neoplasm, uterus	-	2	2	-	-	-	-	-	-	1	1	-
Other malignant and lymphatic neoplasms	15	21	36	-	-	-	-	1	-	8	27	-
Leukaemia, aleukaemia	2	-	2	-	-	-	-	-	1	1	-	-
Diabetes	-	1	1	-	-	-	-	-	1	-	-	-
Vascular lesions of nervous system	14	27	41	-	-	-	-	1	1	7	32	-
Coronary disease, angina	31	26	57	-	-	-	-	-	-	13	44	-
Hypertension with heart disease ..	3	2	5	-	-	-	-	-	-	2	3	-
Other heart disease	20	28	48	-	-	-	-	1	1	3	43	-
Other circulatory disease	4	5	9	-	-	-	-	1	-	3	5	-
Influenza	2	3	5	-	-	-	1	1	1	1	1	-
Pneumonia	10	6	16	1	-	-	1	2	2	4	6	-
Bronchitis	8	7	15	-	-	-	-	-	3	4	8	-
Other respiratory diseases	3	1	4	-	-	-	-	-	1	1	2	-
Ulcer of stomach and duodenum	3	-	3	-	-	-	-	-	1	-	2	-
Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-
Nephritis and Nephrosis	-	2	2	-	-	-	-	-	-	-	2	-
Hyperplasia of prostate	3	-	3	-	-	-	-	-	-	1	2	-
Pregnancy, childbirth, abortion ..	-	1	1	-	-	-	-	-	1	-	-	-
Congenital malformations	4	2	6	2	-	1	-	1	1	-	-	1
Other defined and ill-defined illnesses	15	21	36	2	-	-	2	3	3	6	20	-
Motor vehicle accidents	1	-	1	-	-	-	-	1	-	-	-	-
All other accidents	4	3	7	-	-	-	-	-	2	-	4	1
Suicide	1	-	1	-	-	-	-	-	1	-	-	-
Homicide and operations of war ...	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	158	170	328	5	-	1	5	12	23	64	215	3

TABLE III

INFECTIOUS DISEASE NOTIFIED EACH YEAR SINCE 1936

Disease	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Scarlet Fever	53	14	98	17	21	11	78	168	53	52	42	28	28	38	67	41	83	41	57	40	44	27
Erysipelas	16	9	7	7	8	11	2		1	5	3	4	8	3	12	3	9	5	4	5	7	7
Diphtheria	20	28	12	3	2	3	1	14	5	9	-	2	-	-	-	-	3	-	-	-	-	-
Typhoid and para-typhoid fever	-	3	1	1	-	-	1	-	-	2	4	-	-	2	-	2	1	-	1	1	-	1
Meningococcal infections	1	3	-	1	-	-	4	-	-	1	-	1	1	1	3	-	1	-	-	-	1	1
Puerperal sepsis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Puerperal pyrexia	1	-	2	1	-	-	1	-	-	-	1	-	1	-	-	-	1	2	-	-	-	-
Poliomyelitis	-	-	-	1	-	-	1	-	-	-	-	5	1	2	3	1	2	5	-	15	2	5
Acute encephalitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Ophthalmia neonatorum	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	5	9	5	22	21	16	19	4	23	19	6	10	9	3	7	11	10	16	9	12	8	6
Malaria	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	1	-	-	-
Measles	-	-	-	-	90	286	272	216	51	348	14	283	83	316	21	610	67	574	10	353	134	321
Dysentery	15	4	15	2	5	-	-	6	25	9	2	7	3	1	6	36	13	25	4	15	4	2
Whooping Cough	-	-	-	2	10	105	15	26	44	26	6	32	4	81	33	146	43	75	49	44	32	4
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-	7	6	1	-	2	1	-	-	3
Tuberculosis: Pulmonary	16	32	20	12	12	16	22	24	24	15	19	39	32	29	28	10	31	15	14	16	19	13
Other forms	13	13	5	3	10	16	5	6	11	8	7	14	7	7	3	2	-	6	2	-	4	2
TOTALS	142	115	166	72	179	464	422	464	237	495	104	425	177	490	189	863	265	768	153	501	255	392

TABLE IV

NOTIFIABLE DISEASES

NOTIFIABLE DISEASES	At all ages		Number of cases Notified																													
			At age groups - years													Wards																
	Civilian Cases	Military Cases	Under 1 year	1 -	2 -	3 -	4 -	5 -	10 -	15 -	20 -	35 -	45 -	65 and over	Age Unknown	Caterham North-West (inc. St. Lawrence's Hospital)	Caterham North-East	Caterham West	Caterham East	Caterham South	Warlingham East	Warlingham West	Chaldon	Whyteleafe	Woldingham	Total number of cases removed to Hospital	Total Deaths					
Pneumonia	6	-	-	-	-	-	-	1	2	-	-	1	2	-	-	4	-	-	-	-	1	1	-	-	-	2	16ø				
Scarlet Fever	27	-	-	-	1	2	3	16	2	1	2	-	-	-	-	3	3	3	3	8	3	2	1	1	-	12	-				
Pulmonary Tuberculosis	13	-	-	-	-	-	-	-	-	2	7	4	-	-	-	7	1	1	2	-	-	-	1	1	-	2	2				
Non-Pulmonary Tuberculosis	2	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	-	-	-	-	1	-	-	-	-	1	1				
Sonne Dysentery	2	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-				
Erysipelas	7	-	-	-	-	-	-	-	-	-	-	2	2	2	1	2	-	4	-	-	-	-	1	-	-	1	-				
Meningococcal Infection	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-				
Foliomyelitis - Paralytic	2	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	1	-	-	-	-	-	-	1	2	-				
Foliomyelitis - Non-Paralytic	3	-	-	-	-	-	1+	1	-	-	1	-	-	-	-	1	-	-	-	1	1	-	-	-	-	2	-				
Food Poisoning	3	-	-	-	1	-	-	-	2	-	-	-	-	-	-	2	-	-	1	-	-	-	-	-	-	2	-				
Paratyphoid Fever	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-				
Measles	319	1	6	11	26	27	38	138	7	14	37	12	1	-	3	88	33	26	8	59	20	32	39	6	9	4	-				
Whooping Cough	4	-	-	1	-	-	1	1	1	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	1	-	-				
TOTALS	390*	1	6	12	28	30	43	158	14	18	51	19	6	2	4	110	39	35	14	70	27	35	42	8	11	31	19				

* Includes 79 cases among patients at St. Lawrence's Hospital

+ Final diagnosis given as Osteomyelitis of femur

ø Deaths from all forms of Pneumonia

TABLE V

FACTORIES

1. Inspections

Premises	Number on Register	Inspections	Number of Written Notices	Number of Occupiers Prosecuted
Factories in which Section 1,2,3,4, & 6, are to be enforced by Local Authorities	12	28	1	-
Factories not included above in which Section 7 is enforced by Local Authorities	100	122	1	-
Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises)	62	69	3	-
T O T A L	174	219	5	-

2. Defects

Particulars	Number of cases in which defects were				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	6	7	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) insufficient	8	6	-	-	-
(b) unsuitable or defective	6	3	-	-	-
(c) not separate for sexes	1	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	7	7	-	-	-
T O T A L	28	23	-	-	-

3. Defaults, etc. notified by H.M. Inspector of Factories on Form 144:-

Notified ... Nil
Remedied ... Nil

TABLE VI

HOUSING STATISTICS

(a) New Houses

Number of New Houses erected during the year:-

(i) By Local Authority		8
(ii) By other Local Authorities		Nil
(iii) By other bodies and persons		
(a) War damage rebuilds	Nil	
(b) New Dwellings	179	179

(b) Existing Houses

1. Inspection of Dwelling-houses during the year

Number of dwelling-houses inspected for housing defects which were recorded under the Housing Consolidated Regs. 1925 and 1932	8

2. Action without service of formal notices

Number of defective dwelling-houses rendered fit in consequence of informal action	81
Number of houses demolished	2

3. Action under Statutory Powers during the Year

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act 1936

(i) No. of dwelling-houses in respect of which notices were served requiring repairs	2
(ii) No. of dwelling-houses which were rendered fit after service of formal notices:-	
(a) By Owners	2
(b) By Local Authority in default of Owner	1

(b) Proceedings under the Public Health Acts:

(i) No. of dwelling-houses in respect of which notices were served requring defects to be remedied	1
(ii) No. of dwelling-houses in which defects were remedied after service of formal notices:-	
(a) By Owners	2
(b) By Local Authority in default of Owners	Nil

(c) Proceedings under Sections 16, 17 and 23 of the Housing Act, 1957

(i) No. of dwelling-houses in respect of which Demolition Orders were made	1
(ii) No. of dwelling-houses demolished in pursuance of Demolition Orders	Nil
(iii) No. of dwelling-houses in respect of which Closing Orders were made	1
(iv) No. of dwelling-houses closed in pursuance of Closing Orders	1

(d) Proceedings under Section 18 of the Housing Act, 1957 — Nil

(e) Proceedings under Sections 42 and 43 of the Housing Act, 1957

No. of dwelling-houses demolished — 10

4. Overcrowding

(a) (i) No. of dwellings overcrowded at the end of the year — 6

(ii) No. of families dwelling therein — 8

(iii) No. of persons dwelling therein — 60

(b) No. of cases of overcrowding reported during the year — 3

(c) (i) No. of cases of overcrowding relieved during the year — Nil

(ii) No. of persons concerned in such cases — -

(d) No. of cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding — Nil

TABLE VII

CERTIFICATES OF DISREPAIR

(a) Housing Repairs and Rents Act, 1954

Applications for Certificates	2
Applications refused	1
Certificates issued	1
Applications for cancellation of Certificates	1
Certificates cancelled	1

(b) Rent Act, 1957

Applications for Certificates	26
Applications withdrawn	1
Applications awaiting attention at end of year	1
Decisions not to issue Certificates	1
Decisions to issue Certificates	
(a) in respect of some but not all defects	16
(b) in respect of all defects	7
Undertakings to remedy defects given by Landlords	4
Undertakings to remedy defects refused by Local Authority	Nil
Certificates issued	11
Applications for cancellation of Certificates	Nil

INDEX